MAXIMUS Federal Services

Case Number:	CM14-0144437		
Date Assigned:	09/19/2014	Date of Injury:	04/20/2013
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female who has submitted a claim for lumbago associated with an industrial injury date of April 20, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of severe pain in her low back that radiated to the left leg. Electrodiagnostic studies conducted on 10/16/12 showed L5 radiculopathy with some involvement of the S1. The pain was rated at 9/10 without medications and 7/10 with medications. The patient described her depression level at 9/10, anxiety 9/10 and suicidality 9/10. The patient would be screaming all day and all night and was awake half of the night or throughout the entire night. Examination revealed forward bend was 20 degrees, strength was 5/5, brisk reflexes at both knee and at the right ankle, and diminished sensation in the left foot and leg. Patient had extremely limited ROM and was unable to bend further than 30 degrees forward flexion and 10 degrees extension. Functionally, the patient described her ADLs as being highly limited. She was limited to ten pounds of lifting. She had difficulty with dressing and bathing herself and she required some assistance from her husband with shaving her legs as well. She performed none of the household chores with regard to laundry, cleaning, mopping, sweeping or even cooking or obtaining the groceries. Treatment to date has included surgery, trigger point injections, Percocet (since at least April 18, 2014), Soma (since at least April 18, 2014) and Ambien (since at least April 18, 2014).Utilization review from September 4, 2014 denied the request for Percocet 10/325mg #180, Soma 350mg #90, Ambien 10mg #30, Functional Restoration program and Drug screen. The request for Percocet was denied because there was no indication of significant overall functional benefit or improvement that had been achieved with the ongoing opioid medication treatment. The request for Soma was denied because there was also no significant overall functional improvement that had been achieve with it. The request for Ambien was denied because the guidelines do not recommend its long-term

use due to its habit forming and memory impairing property. The request for functional restoration was denied because there had been no behavioral intervention provided in recent past and also no physical therapy since 2012 surgery. The patient also had long history of psychosocial distress and long duration of pre-referral disability time and opioid use, factors, which are considered to be negative predictors of success in a functional restoration program. Final the request for drug screen was denied because specifics were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least April 2014. The patient had partial relief of pain secondary to this medication but functionally, the patient was still highly limited in ADLS. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Percocet 10/325mg #180 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly

prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. The guideline does not support use of more than 3 weeks. In this case, Soma intake was noted as early as April 2014 (>3 weeks). Moreover, no functional benefit was found to be derived from the use of this medication. The medical necessity has not been established. Therefore, the request for Soma 350mg #90 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Ambien since at least April 2014 because the patient usually cries at night and therefore cannot sleep. However, it had been more than 6 weeks since the initial date of use and there was no functional benefit that was found from the patient's use of Ambien. Moreover, the long-term use of Zolpidem is not in conjunction with guidelines recommendation. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Functional Restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-32.

Decision rationale: As stated on pages 30-32 of the CA MTUS Chronic Pain Medical Treatment Guidelines, functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by

subjective and objective gains. In this case, there is no adequate and thorough evaluation that includes baseline functional testing. Previous methods of treating chronic pain have not been documented to be unsuccessful. The patient also had negative predictors of success of functional restoration program such as a long history of psychosocial distress, a long duration of pre-referral disability time and opioid use. Not all of the criteria for functional restoration program had been met. Therefore, the request for functional restoration program is not medically necessary.

Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient is at risk for drug aberrant behavior because of a possible psychiatric comorbidity suggested by the patient's symptoms of anxiety, depression and suicidality. However, the request for the opioid medication was not certified. Moreover, this current request of drug screen is incomplete; the type of testing was not specified and the size of the panel was not mentioned. Therefore, the request for drug screen is not medically necessary.