

Case Number:	CM14-0146941		
Date Assigned:	09/15/2014	Date of Injury:	09/16/2010
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Medicine, and is licensed to practice in Texas and Mississippi. 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 injured worker is a 41-year-old female who reported an injury of unknown mechanism on 09/16/2010. On 01/14/2014, her diagnoses included lumbosacral radiculopathy, facet joint syndrome, and lumbar disc herniation. Her complaints included intractable low back pain with radiation to the left leg. Her medications included Exalgo ER 16 mg, Neurontin 600 mg, Percocet 10/325 mg, Prozac 20 mg, Soma 350 mg, lactulose, Norco 10/325 mg, and baclofen 10 mg. On 07/29/2014, Ambien 10 mg was added to her medication regimen. It was noted that without her medications, the quality of her life dramatically decreased and she suffered some severe withdrawal symptoms as a result of the abrupt discontinuation of some of her medications. She stated that without her medications she had to stay in bed all day. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Soma 350mg #10 DOS 08/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: The retrospective request for Soma 350 mg #10 DOS 08/28/2014 is not medically necessary. The California MTUS Guidelines do not recommend Soma. It is not indicated for long term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for its sedative and relaxant effects. The main concern is the accumulation of meprobamate. Soma abuse has also been noted to augment or alter the effects of other drugs, including, in combination with hydrocodone, an effect that some users claim is similar to heroin. The use of this medication is not supported by the Guidelines. Additionally, there was no frequency of administration included with this request. Therefore, this retrospective request for Soma 350 mg #10 DOS 08/28/2014 is not medically necessary.

Retrospective request for Neurontin 600mg #90 DOS 08/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), and Gabapentin (Neurontin), Page(s): pages 16-22, 49..

Decision rationale: The retrospective request for Neurontin 600 mg #90 DOS 08/28/2014 is not medically necessary. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response with the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There is no documentation submitted that this injured worker has complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this retrospective request for Neurontin 600 mg #90 DOS 08/28/2014 is not medically necessary.

Retrospective request for Norco 10/325mg #180 DOS 08/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95..

Decision rationale: The retrospective request for Norco 10/325 mg #180 DOS 08/28/2014 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency,

the morphine equivalency dosage could not be calculated. Therefore, this retrospective request for Norco 10/325 mg #180 DOS 08/28/2014 is not medically necessary.

Retrospective request for Ambien 10mg #30 DOS 08/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

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 (Ambien®).

Decision rationale: The retrospective request for Ambien 10 mg #30 DOS 08/28/2014 is not medically necessary. Per the Official Disability Guidelines, Ambien is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so called minor tranquilizers, are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The recommendations further state that the dose of Ambien for women should be lowered from 10 mg to 5 mg. Additionally, Ambien has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. This worker has been taking Ambien for longer than 3 months. This exceeds the recommendations in the Guidelines, as does the requested 10 mg dosage. Additionally, the request did not include the frequency of administration. Therefore, this retrospective request for Ambien 10 mg #30 DOS 08/28/2014 is not medically necessary.