

Case Number:	CM14-0148675		
Date Assigned:	09/29/2014	Date of Injury:	07/07/2006
Decision Date:	10/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 52-year-old male with a reported date of injury on 07/07/2006. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include degenerative disc disease to the cervical spine, cervicalgia, cervical spine radiculopathy, chronic pain syndrome, cervical epidural steroid injection and status post C5-6 fusion. His previous treatments were noted to include physical therapy and medications. The progress note dated 08/26/2014 revealed complaints of pain to the neck rated 7/10 and numbness and weakness to the bilateral upper extremities. The injured worker complained of difficulty sleeping due to the ongoing chronic pain. The injured worker indicated the Ambien was helping to improve his sleep. The injured worker stated, without Ambien he woke up several times per night and got a few hours of sleep. The injured worker indicated with the Ambien he was able to sleep straight 6 hours and only woke up 1 time per night. The injured worker indicated the medications helped decrease his pain and he denied any side effects. The injured worker indicated the medications helped decrease his pain by 50%. The injured worker indicated the medications helped improve his function and was able to perform his daily activities with less pain. The physical examination of the cervical spine revealed paraspinal tenderness to the left, paraspinal tenderness to the right, for positive foraminal closure test to the right and positive foraminal closure test to the left. The sensory examination was intact and there was decreased strength rated 5-/5 to the bilateral deltoids and biceps. The provider indicated a urine drug screen performed 04/27/2014 was consistent with therapy. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg 10/325 mg #120 for pain, Soma 350 mg #90 for muscle spasms, and Ambien 5 mg #30 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Opioids, On-going Management, Page(s): 78.

Decision rationale: The request for Norco 10-325mg #120 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors should be addressed. The injured worker indicated the pain medication gave him 50% relief and he was able to perform activities during the day. The injured worker indicated he was not having side effects with the use of his medications and the urine drug screen performed 04/2014 was consistent with therapy. Therefore, due to the evidence of decreased pain, improved functional status, lack of side effects and consistent urine drug screens, the ongoing use of opioids would be supported by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provides evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, the continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Soma 350 mg #90 is not medically necessary and appropriate.

Ambien 5mg #30: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 08/2013. The Official Disability Guidelines state zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so called minor tranquilizers, and antianxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The injured worker has been utilizing this medication for over 6 weeks and the guidelines recommend 2 to 6 weeks of utilization of this medication. The injured worker indicated he had slept longer and woke up less often during the night with utilization of this medication. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Ambien 5mg #30 is not medically necessary.