

<b>Case Number:</b>	CM14-0161465		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/01/2004
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 50-year-old female who sustained an injury on 2/1/04. As per 9/12/14 report, she presented with back pain radiating from low back down both legs and lower backache. Pain was rated at 2/10 with medications and 4/10 without. Examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. ROM was restricted and there was tenderness and spasm of the paravertebral muscles bilaterally and motor testing was limited by pain. MRI of the lumbar spine revealed central disc protrusion at L4-5 level, facet joint and ligamentum flavum hypertrophy, mild to moderate bilateral neuroforaminal narrowing and moderate central canal narrowing, right lateral disc protrusion at L5-S1 level with broad-based disc bulging, facet joint hypertrophy, bilateral neural foraminal narrowing and mild to moderate central canal narrowing. She is currently on Flexeril, Soma, Senokot-S, Lidoderm 5% patch, Neurontin, Ambien, Percocet, Metformin Hcl, Prednisone, Qvar, Lisinopril, Advair, Glipizide, ipratropium bromide powder, Maxzide, Ranitidine, Senna, Singulair, Theophylline, and Ventolin HFA. She had bilateral L5 TFESI, right TFLESI, and bilateral TFLESI L5-S1. It was indicated that without medications she would not be able to work full time without restrictions. Soma helps her in controlling her daily active acute muscle spasms of the low back. Ambien helps her with her sleep. With use of Percocet she has been able to reduce the breakthrough pain flares about 50%. Neurontin has reduced her radicular neuropathic pain up to 80% with daily use requiring epidural only yearly. Diagnoses include lumbar disc disorder and lumbar radiculopathy. The request for Percocet 10/325mg, #120 was modified to Percocet 10/325 mg #90 and Soma 350mg, #30, Ambien DR 12.5mg, #30, and Neurontin 800mg, #120 were denied on 09/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Page(s): 75, 92.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management under certain criteria. As per CA MTUS guidelines, "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic treatments such as home exercise program. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function (i.e. ADLs) specific with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Moreover, long-acting opioids should be considered when continuous around the clock analgesia is desired. Therefore, the medical necessity of Percocet has not been established.

**Soma 350mg, #30: Upheld**

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

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

**Decision rationale:** Per CA MTUS guidelines, this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line

therapy. There is no documentation of home exercise with stretching as a treatment for muscle spasm. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary.

**Ambien DR 12.5mg, #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 Official Disability Guidelines (ODG), Pain

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, 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. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain, which has not been addressed. In the absence of documented significant improvement of sleeping, and absence of documented trial of alternative strategies for treating insomnia such as sleep hygiene, the request is not medically necessary according to the guidelines.

**Neurontin 800mg, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-18.

**Decision rationale:** According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin (Neurontin) is recommended for neuropathic pain. Gabapentin has been considered as a first-line treatment for neuropathic pain. In this case, the IW has documented lumbar radiculopathy and has reported significant relief with continuous use. Therefore, the medical necessity of Gabapentin has been established under the guidelines and based on the available information.