

Case Number:	CM14-0162425		
Date Assigned:	10/07/2014	Date of Injury:	02/24/2012
Decision Date:	12/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 New Jersey. 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 worker is a 58 year old male who was injured on 2/24/2012. He was diagnosed with lumbar disc herniation, lumbar high grade disc space collapse, lumbar muscle spasm, and lumbar stenosis. He was treated with surgery (lumbar), medications (sleep aids, opioids, NSAIDs, muscle relaxants), bone stimulator, and physical therapy but continued to experience chronic pain. On 8/26/14, the worker was seen by his general medicine physician (secondary provider) complaining of his constant low back pain. Physical examination revealed tenderness to the lumbar area with reduction in range of motion of the lumbar spine. He was then recommended to continue his use of Percocet, Soma, and Ambien which he had been taking chronically over many months before this request. He was also recommended to continue his home exercises and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no recent evidence provided suggesting this full review was completed, showing functional improvements with the use of Percocet, which is required before consideration of continuation of this type of medication. Therefore, the Percocet will be considered not medically necessary until this evidence of benefit is provided. Weaning may be necessary.

Soma 350 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Carisoprodol Weaning of medications Page(s): 63-66, 29, 124.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that Carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of Carisoprodol. Carisoprodol metabolizes to Meprobamate, a barbiturate, and may need to be weaned if the patient had been using it chronically, which should be individualized. In the case of this worker, he had been using Soma chronically for many months, which is not recommended. Also, regardless of the worker having muscle spasms, there was no documented evidence showing functional benefit with the Soma use. Therefore, the Soma is not medically necessary. Weaning may be necessary.

Ambien 10 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, AND Pain section, insomnia section

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was no recent documentation as to why the Ambien was used and if it provided functional benefit. Regardless, this sedative hypnotic is not recommended for long-term use, and is not medically necessary. Other strategies for treating his insomnia should be considered. Weaning may be necessary.