

Case Number:	CM14-0180916		
Date Assigned:	11/05/2014	Date of Injury:	01/23/2006
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year-old female with the date of injury of 01/23/2006. The patient presents with pain in her neck. The patient has limited range of neck motion. Her cervical flexion is 30 degrees, extension is 20 degrees and rotation is 45 degrees bilaterally. There is tenderness over the cervical spine with muscle spasms. Examination reveals positive cervical compression and shoulder depression test. The patient remains off work. The patient is currently taking Oxycontin, Ambien, Soma, Ativan, Neurontin, Norco, Prilosec, and Fioricet. The patient is TTD. According to treating physicians report on 08/01/2014: 1) Internal derangement of left knee; 2) Herniated disk protrusion at the cervical spine; 3) Impingement to bilateral shoulders; 4) Herniated lumbar disc. The utilization review determination being challenged is dated on 10/09/2014. [REDACTED] is the requesting provider, and he provided 3 treatment reports from 05/09/2014 to 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14) 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) Mental/stress chapter, Insomnia treatment

Decision rationale: The patient presents with pain in her neck. The request is for Ambien 10mg QHS #30. ODG guidelines have the following regarding Ambien for insomnia: "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has utilized this medication since at least 08/01/2014. However, the treating physician does not mention the patient's sleep condition. Given the lack of necessary information, recommendation is that the request is not medically necessary.

Soma 350mg TID #90: Upheld

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

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

Decision rationale: The patient presents with pain in her neck. The request is for Soma 350mg TID #90. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). 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). Carisoprodol is now scheduled in several states but not on a federal level). MTUS page 63-66 state, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the review of the reports indicates that the patient was taking Soma; however, there is no indication of exactly when the patient began using Soma or how long the patient had used Soma. Given the lack of necessary information, recommendation is that the request is not medically necessary.

Fioricet TID #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The patient presents with pain in her neck. The request is for Fioricet TID #45. The original formulation of Fioricet included 50 milligrams (mg) of butalbital, 40 mg of caffeine, and 325 mg of acetaminophen. The patient has been utilizing Fioricet since at least 08/01/2014. MTUS guideline page 23 does not recommend Barbiturate-containing analgesic agents (BCAs) for chronic pain. "The potential for drug dependence is high and no evidence

exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." (Friedman, 1987) Given the lack of support for BCAs, recommendation is that the request is not medically necessary.

Oxycontin 40mg Q 8 hours #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): 88, 89, 76-78.

Decision rationale: The patient presents with pain in her neck. The request is for Oxycontin 40mg #90. The utilization review letter on 10/09/2014 indicates that the patient has been utilizing Oxycontin 40mg every 8 hours for severe pain. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Furthermore, there is no indication of dosage or number of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is that the request is not medically necessary.