

Case Number:	CM14-0088193		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2004
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 02/01/04. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back pain radiating to the lower extremities. The injured worker has previously been treated with multiple medications as well as psychological therapy for concurrent anxiety and depression symptoms. Multiple medications were noted to include muscle relaxers, anticonvulsants, Lidoderm patches, Ambien and narcotic medications. The injured worker was noted to be type 2 diabetic. As of 05/23/14, the injured worker's pain was 5/10 in severity with medications and without medications the injured worker was reporting her pain as severe. No aberrant medication use was noted in the clinical report. The prior urine drug screen reports were from 2011. On physical examination the injured worker had intact strength in the lower extremities except for the left dorsiflexors which had mild weakness. There was also mild plantar flexor weakness to the left. There was decreased sensation in the left lateral foot, thigh and calf. Repeat epidural steroid injections were recommended. No prior improvement from physical therapy had been noted. Follow up on 06/20/14 reported increased pain even with medications at 7/10 in severity. The injured worker was still pending epidural steroid injections. The injured worker reported difficulty working due to the absence of normally prescribed medications. The injured worker's physical examination findings were unchanged. The requested Soma 350 mg #30, Percocet 10/325 mg #90, Ambien CR 12.5 mg #30 and Neurontin 800 mg #120 were all denied by utilization review on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: Based on review of the clinical documentation submitted, this reviewer would not have recommended the request for soma 350 mg #30 as medically necessary. From the clinical notes, the injured worker utilized Soma on an as needed basis for acute severe spasms that was not covered by Flexeril. The most recent clinical evaluation did not discuss the frequency of Soma use. Given that this medication is not recommended for long term use by guidelines due to the risk factors for dependency and abuse and as there is a duplication of medication therapy as the injured worker was already being prescribed another antispasmodic medication, Soma 350mg, #30 is not medically necessary.

Percocet 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen, Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker did report between 30 and 50% relief of symptoms with the use of Percocet at 3 times per day. The clinical documentation submitted for review did not discuss any specific functional improvements obtained with the use of this medication. Furthermore, prior urine drug screen reports were from 2011. There was no further documentation regarding compliance testing to include urine drug screen reports or opioid risk assessments as of June 2014. Given the chronicity of narcotic use for this injured worker, guidelines would recommend routine urine drug screen testing or other compliance measures to rule out any aberrant medication use. As there is no clinical documentation regarding this or specific functional improvements obtained with the use of this medication, Percocet 10/325mg, #90 is not medically necessary.

Ambien CR 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, 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 Chapter, Zolpidem.

Decision rationale: The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 12.5mg to 6.25mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, Ambien CR 12.5mg, #30 is not medically necessary.

Neurontin 800mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Weaning, Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The injured worker has been followed for persistent radicular symptoms in the lower extremities. The injured worker's physical examination findings did note motor weakness and sensory deficits consistent with radiculitis. Per guidelines, Neurontin is a first line recommended medication to address chronic neuropathic conditions. Given the injured worker's objective findings, Neurontin 800mg, #120 is medically necessary.