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| Case Number: | CM14-0210048 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 07/29/1994 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 70 year old male with an injury date of 07/29/94. The 11/10/14 handwritten progress report states the patient presents with decreased lower back pain with mild numbness and tingling to the bilateral feet. An ESI by [REDACTED]. decreased pain. Examination reveals paraspinal spasm, stiffness, "ETTP" and weakness. Other examination findings are illegible. The patient is not working. The patient's diagnose include: 1. "L/S HNP". 2. Cervical DDD (09/15/14 report)The patient received a lumbar ESI 09/09/14 and 06/10/14. The utilization review is dated 11/24/14. Reports were provided for review from 05/19/14 to 11/10/14. Most reports are handwritten and greatly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with lower back pain with numbness and tingling to the bilateral feet. The current request is for Norco 7.5/325 mg #100. The RFA is not included. The 11/24/14 utilization review states the RFA was received 11/13/14. UR modified this request from #100 to #60. MTUS Guidelines pages 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. Discussion of the patient's medications is very limited in the reports provided. The 11/10/14 progress report states, "Cont. Meds: Norco" and a copy of a prescription dated 11/10/14 is included. Reports from 05/19/14 to 10/08/14 do not discuss this medication. It is unknown how long it has been prescribed and whether or not it helps the patient. A record of pain and function has not been recorded as required by MTUS page 60 when medications are used for chronic pain. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. In this case, the MTUS requirements were not documented. The request is not medically necessary.

Soma 350mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Muscle relaxants (for pain) Carisoprodol (Soma) Page(s): 60-61; 6.

Decision rationale: The patient presents with lower back pain with numbness and tingling to the bilateral feet. The current request is for Soma 350 mg #90. The RFA is not included. The 11/24/14 utilization review states the RFA was received 11/13/14. UR modified this request from #90 to #60. MTUS Soma page 29 states that this medication is not indicated for long term use. MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. MTUS, Medications for chronic pain, Page 60, states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. " The reports provided do not discuss this medication. It is unknown how long the patient has been prescribed Soma and whether or not it helps the patient. The treater does not state that use is for short-term. Furthermore, MTUS guidelines, page 60, require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.

Ambien 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress Chapter, Ambien/Zolpidem; insomnia treatment.

Decision rationale: The patient presents with lower back pain with numbness and tingling to the bilateral feet. The current request is for Ambien 10 mg #60. The RFA is not included. The 11/24/14 utilization review states the RFA was received 11/13/14. UR modified this request from #60 to #30. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. There is very limited information about the patient's medications in the reports provided. There is no discussion about the use of this medication and whether or not it helps the patient, and there is no documentation about how long Ambien has been prescribed. There is no documentation of insomnia for this patient; however, if intended for insomnia, the treater does not state use is intended for the short term per ODG. Furthermore, MTUS guidelines, page 60, require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.