

<b>Case Number:</b>	CM15-0170086		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on 10-09-02. A review of the medical records indicates the injured worker is undergoing treatment for osteoarthritis of the knees, tear of meniscus of the knee, and lumbar disc disorder. Medical records (09-08-15) reveal the injured worker has "low back has severe stiffness in the morning. She still has a lot of low back pins with numbness in her feet." No pain ratings are available. (07-13-15 to 09-08-15) The physical exam (04-14-15 to 09-08-15) reveals "mild swelling in her feet. She can walk short distances without her cane. Low back: moderate say back. Lumbar paraspinal muscle spasms. Tightness with straight leg raise testing. SLR to 80. Severe pain and the thoraco-lumbar junction." All physical exam notes are the same. Treatment has included bilateral knee surgeries and medications. Per the treating provider notes from (05-28-15 to 09-08-15) the lumbar MRI from 05-13-14 shoed lumbar disc bulges and protrusions. The treating provider indicates that the injured worker wishes to remain on hydrocodone as it helps "reduce the severe leg pain in the morning." The original utilization review non-certified the carisprodol, zolpidem, and hydrocodone. The documentation reveals that the injured worker has been on these 3 medications since at least 04-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg take one tablet orally three times a day quantity 90 with four refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma 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. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone for several months, which increases side effect risks and abuse potential. Long-term use is not recommended. The use of SOMA is not medically necessary.

**Hydrocodone 10/325mg take one tablet orally four times a day, quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone several months in combination with Soma and Butrans. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Hydrocodone is not medically necessary.

**Zolpidem Tartrate 10mg take one tablet orally nightly as needed quantity 30 with five refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

**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 and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep

disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. It was noted not to help much. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) with 3 refills is not medically necessary.