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| <b>Case Number:</b>   | CM15-0175336 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 12/31/2003 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female, who sustained an industrial injury on December 31, 2003. The injured worker was diagnosed as having cervical radiculopathy, common migraine, muscle spasm, failed cervical back syndrome, unspecified sleep apnea, and temporomandibular joint syndrome. Treatment and diagnostic studies to date has included status post eight neck surgeries, medication regimen, and dental evaluation and treatment, and laboratory studies. In a progress note dated July 30, 2015 the treating physician reports complaints of an increase in neck pain, an increase in neck stiffness, decreased range of motion to the neck, and discomfort to the throat with difficulty swallowing and hoarseness. Examination performed on July 30, 2015 revealed decrease range of motion to the cervical spine with pain. On July 30 2015, the injured worker's medication regimen included Norco, Valium, Topamax, Maxalt, Ambien, and Soma. On July 30 2015, the treating physician noted that the injured worker's medication regimen "provides her with symptomatic and restorative function helping to take the edge off her pain allowing her to participate in her activities of daily living without adverse side effects". On July 30, 2015 the injured worker's pain level was rated a 6 at its least and a 10 at its worst on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. On July 30, 2015 the treating physician requested the medications of Ambien 10mg tablet 1 tablet every night as needed for 30 days with a quantity of 30, Norco 10-325mg tablets, 1 tablet six times a day as needed for 30 days with a quantity of 180, Soma 350mg tablet 1 tablet four times a day as

needed for 30 days with a quantity of 120 tablets, and Valium 10mg tablet 1 tablet every night for 30 days with a quantity of 30 noting current use of these medications. On August 07, 2015 the Utilization Review determined the requests for Ambien 10mg tablet 1 tablet every night as needed for 30 days with a quantity of 30, Norco 10-325mg tablets, 1 tablet six times a day as needed for 30 days with a quantity of 180, Soma 350mg tablet 1 tablet four times a day as needed for 30 days with a quantity of 120 tablets, and Valium 10mg tablet 1 tablet every night for 30 days with a quantity of 30 to be non-approved.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg tablet 1 tab every night pm for 30 days. #30 tablets: 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, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are subjective complaints of insomnia such as that documented in progress note dated 7/30/2015. However, there appears to be a longer term use of Ambien in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.

**Norco 10/325mg tab, 1 tab six times/day prn for 30 days, dispense 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on

7/30/2015 indicate that the patient has no aberrant use and has an updated pain contract. However, the patient has worsening pain despite the use of current medication regimen. There is no documentation of functional gain. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Soma 350mg tablet 1 tab four times a day prn for 30 days, dispense 120 tablets:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, it appears the patient has failed multiple other muscle relaxants. A progress note on 7/30/2015 indicated that the patient continues to have worsening pain despite the use of current medication regimen. There is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

**Valium 10mg tablet 1 tab every night prn for 30 days dispense 30 tablets:** 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): Benzodiazepines.

**Decision rationale:** Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In

the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.