

Case Number:	CM15-0178289		
Date Assigned:	09/18/2015	Date of Injury:	04/29/2003
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

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 59 year old male, who sustained an industrial-work injury on 4-29-03. He reported initial complaints of pain in knees and low back. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, spinal stenosis of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, myalgia and myositis, lumbago and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medication, ESI (epidural steroid injection) on 5-7-08, interlaminar epidural steroid injection on 7-10-15, and diagnostics. Currently, the injured worker complains of back and bilateral leg pain, more on the right and rated 8-10 out of 10. Per the primary physician's progress report (PR-2) on 8-13-15, exam noted positive heel walk for L5 motor strength on the right and not performed well, toe walk for S1 motor strength was positive on the left, antalgic gait, unable to walk on heels and squat, laxity on the left, the right knee revealed atrophy of the thigh and calf bilaterally. The back had limited extension, positive straight leg raise at 45 degrees on the left and 50 degrees on the right, positive Faber bilaterally, and motor strength at 3- out of 5, abnormal passive range of motion to bilateral knees. The Request for Authorization date was 8-14-15 and requested service included Soma 350mg, 1 tab PO TID #90, Ambien 10mg, 1 tab PO at bedtime, #30, and Norco 10/325mg, 1 tab PO QID, #120. The Utilization Review on 8-20-15 modified the request Norco 10-325 mg 1 tablet PO QID # 90, Soma 350 mg 1 tab PO TID #60, and Ambien 10 mg 1 tab PO at bedtime #15 to allow for weaning, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 tab PO TID #90: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury in April 2003 and is being treated for chronic low back and bilateral lower extremity and right knee pain. When seen, he had run out of medications four days before and was always running out of pain medications due to the severity of his pain. Physical examination findings included an antalgic gait with difficulty/inability to walk on the heels or toes. There was right knee and calf atrophy and a large scar from a total knee replacement. There was left knee valgus deformity. There was decreased and painful lumbar range of motion with positive straight leg raising and Fabere tests. There was decreased lower extremity strength and decreased right knee range of motion. Medications were refilled including Norco, Soma, Ambien, Zipsor, and Prilosec. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

Ambien 10mg, 1 tab PO at bedtime, #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, Insomnia Treatment, 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work injury in April 2003 and is being treated for chronic low back and bilateral lower extremity and right knee pain. When seen, he had run out of medications four days before and was always running out of pain medications due to the severity of his pain. Physical examination findings included an antalgic gait with difficulty/inability to walk on the heels or toes. There was right knee and calf atrophy and a large scar from a total knee replacement. There was left knee valgus deformity. There was decreased and painful lumbar range of motion with positive straight leg raising and Fabere tests. There was decreased lower extremity strength and decreased right knee range of motion.

Medications were refilled including Norco, Soma, Ambien, Zipsor, and Prilosec. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not considered medically necessary.

Norco 10/325m, 1 tab PO QID, #120: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 2003 and is being treated for chronic low back and bilateral lower extremity and right knee pain. When seen, he had run out of medications four days before and was always running out of pain medications due to the severity of his pain. Physical examination findings included an antalgic gait with difficulty/inability to walk on the heels or toes. There was right knee and calf atrophy and a large scar from a total knee replacement. There was left knee valgus deformity. There was decreased and painful lumbar range of motion with positive straight leg raising and Fabere tests. There was decreased lower extremity strength and decreased right knee range of motion. Medications were refilled including Norco, Soma, Ambien, Zipsor, and Prilosec. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The claimant reports consistently running out of this medication early, suggesting that a change in opioid management is needed. Continued prescribing at this dose is not considered medically necessary.