

Case Number:	CM15-0071721		
Date Assigned:	04/21/2015	Date of Injury:	05/30/1985
Decision Date:	07/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 30, 1985. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for Methadone, Norco, Soma, and Ambien. The applicant and/or applicant's attorney subsequently appealed, via a lengthy letter dated April 9, 2015. In an applicant questionnaire dated April 15, 2015, the applicant acknowledged that she was not currently working. The applicant was on methadone, Soma, Ambien, and benazepril, it was reported. The applicant stated that her pain complaints were constant, stabbing, throbbing, aching, and radiating. The applicant stated that her pain complaints were "horrible." The applicant acknowledged that she had received multiple prior lumbar spine surgeries over the course of the claim. In a March 13, 2015 RFA form, methadone, Norco, Soma, and Ambien were endorsed. In a progress noted dated March 26, 2015, the applicant reported 6/10 pain with medications versus 10/10 pain without medications. The applicant acknowledged that activities of daily living as basic as walking, standing, and sitting often resulted in heightened pain complaints. The applicant nevertheless maintained that her ability to do light activities and housework around the home was ameliorated as a result of ongoing medication consumption. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The treating provider stated that the applicant could perform activities of self-care and personal hygiene in the review of systems section of the note. The applicant was asked to continue currently prescribed medications. Drug testing dated February 25, 2015 was positive for both carisoprodol and various opioid metabolites. On February 25, 2015, the attending provider again noted that the applicant's pain complaints were aching, constant, and throbbing. The attending provider nevertheless maintained that the applicant's pain scores were

reduced to 5/10 with medications, which included Ambien, methadone, Soma, and Norco. Drug testing was endorsed. The applicant had been deemed "permanently disabled," it was reported. The attending provider maintained that the applicant could perform activities of self-care as a result of ongoing medication consumption in the review of systems of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged. The applicant had been deemed permanently disabled, the attending provider acknowledged. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 6/10 with medications on one occasion, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the fact that the applicant could perform activities of self-care and personal hygiene as a result of medication consumption does not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing methadone usage. The applicant, moreover, was described as having difficulty performing activities of daily living as basic as walking, standing and sitting on March 26, 2015. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had been deemed "permanently disabled," it was reported on February 25, 2015. The applicant was having difficulty performing activities as basic as sitting, standing, and walking, it was reported on a progress note of March 26, 2015. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 6/10 with medications on March 26,

2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Norco usage. The attending provider's commentary to the fact that the applicant could perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Here, the applicant had been using carisoprodol or Soma for a minimum of several months to several years. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was using two separate opioid agents, Norco and methadone. Continued usage of Soma, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Zolpidem 10mg #30: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Finally, the request for zolpidem (Ambien) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, as with the other prescription requests, the applicant had been using Ambien for what appeared to have been a minimum of several months to several years. Continued usage of the same, thus, represented treatment outside of the FDA label. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.