

Case Number:	CM15-0075027		
Date Assigned:	04/24/2015	Date of Injury:	05/27/2003
Decision Date:	07/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male who sustained an industrial injury on 05/27/2003. The injured worker was diagnosed with lumbar degenerative disc disease with myelopathy, post laminectomy syndrome and osteoarthritis pelvic region. Treatment to date includes diagnostic testing, multiple surgeries, epidural steroid injection (ESI), failed spinal cord stimulator, physical therapy, chiropractic therapy and medications. The injured worker is status post left total hip replacement (2006), right total hip replacement (2007), lumbar interbody fusion with cage on April 7 2010 and failed spinal cord stimulator (SCS). According to the treating physician's progress report on April 2, 2015, the injured worker continues to experience lower back and hip pain. The injured worker rates his pain level on a good day as 7/10 and on a bad day at 10/10. The injured worker has been on long term opiate medications. Examination of the lumbar spine demonstrated decreased range of motion with tenderness to palpation of the paraspinal muscles, no spasm and positive bilateral straight leg raise. Motor strength was normal and paresthesias at L2 and L3 distribution was noted bilaterally. Current medications are listed as Norco, Soma, Xanax and Ambien. Treatment plan consists of a psychological evaluation to address anxiety and depression, moist heat, stretches, home exercise program, consider electrodiagnostic testing of the bilateral lower extremities and the current request for Norco, Soma, Ambien, Medrol pak and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325mg #180 is not medically necessary.

Ambien 10mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, there has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #20 is not medically necessary at this time.

Medrol pak 4mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: MTUS is silent on the use of oral steroids. ACOEM recommends against the use of oral corticosteroids for low back complaints. It's a ACOEM C recommendation (C=Limited research-based evidence (at least one adequate scientific study of patients with low back complaints). Criteria for the Use of Corticosteroids (oral/parenteral for low back pain): (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. While the patient does have radiculopathy documented, the patient has chronic back pain and the treating physician does not document a new injury, re-injury, or fully detail that a discussion was had with the patient discussing the risk benefits of oral steroids. As such, the request for Medrol pack 4mg #1 is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Tapering of Soma was recommended on 11/14 in review #1109763. Guidelines do not recommend long term usage of Soma. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350mg #30 is not medically necessary.

1 Urine Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for 1 Urine screen is not medically necessary.