

<b>Case Number:</b>	CM14-0156347		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/28/2001
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who has submitted a claim for chronic cervical myofascitis associated with an industrial injury date of 1/28/2001. Medical records from 3/17/2014 up to 6/11/2014 were reviewed showing neck pain. Physical examination of the neck revealed a tender knot with stiffness. No other documents were available for review. Treatment to date has included Soma (since 2010), Norco (since 2010), Feldene (since 2013), Lidoderm patch (unknown), Zolpidem (since 2009), chiropractic care, and massage. Utilization review from 8/20/2014 denied the request for Soma 350mg, #90 x 2 refills, Norco 10/325mg, #90 x 2 refills, Feldene 20mg, Lidoderm Patch 5%, #60 x 5 refills, and Zolpidem 10mg. As for Soma, this medication is not indicated for long-term use. As for Norco, the request does not satisfy the guidelines. As for Feldene, there is no discussion about the efficacy of this medication for the patient's condition. As for Lidoderm patch, there is no description of any localized neuropathic pain. As for Zolpidem, the evidence provided includes no rationale for such a prolonged use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #90 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

**Decision rationale:** As seen on page 65 of CA-MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. In this case, the patient has been taking Soma since 2010. However, there was no documentation of spasms, pain relief, or functional improvement with use. This medication is not recommended for long-term use. In addition, there was insufficient data to ascertain the current condition of the patient. Therefore, the request for Soma 350mg, #90 x 2 refills is not medically necessary.

**Norco 10/325mg, #90 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco since 2010. However, there was no documentation of pain relief, functional improvement, presence or absence of side effects, and routine UDS. In addition, there was insufficient data to ascertain the current condition of the patient. Therefore, the request for Norco 10/325mg, #90 x 2 refills is not medically necessary.

**Feldene 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; chronic low back pain Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been taking Feldene since 2013. However, this medication is not recommended for long-term use. There was no documentation of pain relief or

functional improvement from use of this medication. In addition, there was insufficient data to ascertain the current condition of the patient. Furthermore, the amount prescribed was not indicated. Therefore, the request for Feldene 20mg is not medically necessary.

**Lidoderm Patches 5%, #60 x 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine patch is indicated only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). It is not recommended for non-neuropathic pain. In this case, the initial use of this medication is unknown. It was noted in the UR that the patient was previously using gabapentin but its termination was not elucidated in the given records. There was no evidence of neuropathic pain and previous or current use of first line therapy in the history and physical examination. Therefore, the request for Lidoderm Patches 5%, #60 x 5 refills is not medically necessary.

**Zolpidem 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Ambien

**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, Zolpidem

**Decision rationale:** CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient has been taking Zolpidem since 2009. However, there was no indication in the records provided that the patient suffers from insomnia. There was insufficient data to ascertain the current condition of the patient. Moreover, this medication is not recommended for long-term use. Furthermore, the amount prescribed was not indicated. Therefore, the request for Zolpidem 10mg is not medically necessary.