

Case Number:	CM14-0189093		
Date Assigned:	11/20/2014	Date of Injury:	06/30/2003
Decision Date:	10/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 57 year old male with a date of injury of June 30, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, trochanteric bursitis in the right hip, and insomnia. Medical records dated May 6, 2014 indicate that the injured worker complains of constant back pain with pain down the leg, pain in the right hip, and a burning sensation in the leg. Pain was rated at a level of 8 out of 10, 7 out of 10 with medications, and 10 out of 10 without medications. A progress note dated October 22, 2014 notes subjective complaints that are similar to those noted on May 6, 2014, with pain rated at a level of 9 out of 10, 4 out of 10 with medications, and 10 out of 10 without medications. Records also indicate functional improvement of 50% with medications that has remained stable. The injured worker's work status was not documented in the submitted records. The physical exam dated May 6, 2014 reveals limited range of motion of the lumbar spine (flexion of 30 degrees, extension of 10 degrees with right side back pain), straight leg raises bilaterally at 80 degrees causing left side back pain, muscle spasm and guarding with palpation in the lumbar trunk with loss of lordotic curvature, tenderness over the bilateral greater trochanters, and positive fabere maneuver in the right hip. The progress note dated October 22, 2014 documented a physical examination that showed limited range of motion of the lower back (flexion of 30 degrees, extension of 5 degrees with back pain), rigidity with palpation in the lumbar trunk suggesting muscle spasms, and grossly intact motor strength, sensation, and deep tendon reflexes in the lower extremities. Treatment has included medications (since May of 2015: Methadone 10mg three time each day, Oxycodone IR 15mg, one to two tablets three times each day; Ambien 10mg

at night; Lyrica 150mg twice each day; Soma 350mg once each day as needed; since July of 2015: Mobic 15mg daily), and lumbar spine fusion. The treating physician (October 22, 2014) documented that urine drug screens "Have been appropriate". The original utilization review (November 5, 2014) non-certified a request for Oxycodone 15mg #180, Ambien 10mg #30, and Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #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, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Per progress report dated 7/29/15 it was noted that the injured worker reported 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. He rated his pain 8/10, at best a 4/10 with the medications, 10/10 without them. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, medical necessity cannot be affirmed and therefore is not medically necessary.

Ambien 10mg #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 (ODG).

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various

medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." With regard to medication history, the medical records indicate that the injured worker has been using this medication since 2012. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, and sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

Soma 350mg #30: 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).

Decision rationale: Per MTUS CPMTG p29, "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." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.