

<b>Case Number:</b>	CM13-0022405		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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; Pain Management has a subspecialty in Interventional Spine 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 51-year-old male with date of injury of 02/03/2009. The listed diagnoses per [REDACTED] dated 07/31/2013 are: 1. Lumbago. 2. Lumbar sprain/strain. 3. Lumbar disk protrusion. 4. Status post lumbar surgery. According to the report, the patient complains of constant low back pain radiating to the right lower extremity with numbness and tingling. He rates his pain 8/10. The objective finding shows lumbar range of motion is diminished. Inspection and palpation of the lumbar spine was deferred due to pain. The utilization review denied the request on 08/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF SOMA 350MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL), NOT GIVEN.

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

**Decision rationale:** The patient presents with constant low back pain radiating to the right lower extremities with numbness and tingling. The treating physician is requesting Soma, a muscle

relaxant. The MTUS Guidelines page 29 on carisoprodol (Soma) states, "not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a scheduled-IV controlled substance)." The review of records show that the patient has been taking Soma since 02/13/2013. In this case, the MTUS Guidelines do not recommend the long-term use of this medication. Furthermore, the physical examination does not show any muscle spasms that will warrant the use of a muscle relaxant. Therefore, the request for Soma is not medically necessary.

### **1 PRESCRIPTION OF AMBIEN 10MG #90: 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) 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) AMBIEN.

**Decision rationale:** The patient presents with constant low back pain radiating to the right lower extremities. The treating physician is requesting Ambien. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines for zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Records show that the patient has been prescribed zolpidem since 01/16/2013. In this case, ODG does not support the long-term use of this medication. Therefore, the request for Ambien is not medically necessary.