

Case Number:	CM13-0033804		
Date Assigned:	12/06/2013	Date of Injury:	04/17/2002
Decision Date:	01/17/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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 physician 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 62-year-old male who reported an injury on 04/17/2002. The patient is currently diagnosed with low back pain, lumbalgia, lumbosacral neuritis, lumbar strain, chronic pain syndrome, and facet syndrome. The patient was recently evaluated by [REDACTED] on 10/24/2013. The patient complained of 5/10 low back pain with radiation to bilateral lower extremities. Physical examination revealed spasms, paraspinal stiffness, antalgic gait, and limited mobility. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg (SOMA) QTY:120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond

nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Soma is not recommended to be used longer than a 2 to 3 week period. Tapering should be individualized for each patient. As per the clinical notes submitted, the patient continues to report 5/10 low back pain with radiation to bilateral lower extremities. The patient's physical examination continues to reveal muscle spasms, stiffness, limited range of motion, and an antalgic gait. Satisfactory response to treatment has not been indicated. Therefore, the ongoing use of this medication cannot be determined as medically appropriate. There is also no evidence of a failure to respond to first-line treatment prior to the initiation of a second-line muscle relaxant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Ambien CR 6.25 mg QTY:10: 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), Section on Chronic Pain, Insomnia Treatment

Decision rationale: The Official Disability Guidelines indicate that Ambien is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. Suggestions for improved sleep hygiene includes waking at the same time every day, maintaining a consistent bedtime, exercising regularly, performing relaxing activities before bedtime, keeping the bedroom quiet and cool, not watching the clock, avoiding caffeine and nicotine, only drinking in moderation, and avoiding napping. As per the clinical notes submitted, there is no documentation of sleep disturbances or results of sleep behavior modification attempts. The patient has continuously utilized this medication, which is outside guideline recommendations, for short-term treatment of up to 2 to 6 weeks. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.