

Case Number:	CM13-0037338		
Date Assigned:	03/19/2014	Date of Injury:	05/19/2008
Decision Date:	04/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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, and is licensed to practice in Texas and Oklahoma. 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 53-year-old female who reported an injury on 05/19/2008. The mechanism of injury was a fall. She is diagnosed with large left shoulder rotator cuff tear, right L5 radiculopathy, left above-the-knee amputation, hypertension, and depression. Her medications include Norco 10/325 mg, Soma 350 mg, Ambien 5 mg, Celebrex 100 mg, and Neurontin 300 mg. Her symptoms were noted to include ongoing left shoulder pain, rated 8/10 within her most recent clinical note dated 04/2013. It was noted that the patient required Ambien 10 mg to assist her with sleep, which has been interrupted by anxiety and pain. Her Soma was noted to be used for muscle spasm; her Norco is used as her primary pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AMBIEN 5MG #30 WITH 5 REFILLS (DISPENSE GENERIC UNLESS DAW),: 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), Treatment Index, 11th Edition (web), 2013, Pain, Zolpidem

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 (Ambien®)

Decision rationale: According to the Official Disability Guidelines, Zolpidem is approved for the short-term treatment of insomnia, specified as 2 to 6 weeks. The guidelines further state that this medication is not recommended for long-term use, as it can be habit-forming, may impair function and memory, and may increase pain and depression over the long-term. It further states that due to adverse effects, the FDA requires lower doses for Zolpidem, specifying that the dose of Zolpidem for women should be lowered from 10 mg to 5 mg. The clinical information submitted for review indicates that the patient utilizes Zolpidem 10 mg to assist her with sleep. Therefore, the request for Zolpidem 5 mg is unclear. Additionally, as the guidelines do not recommend use of Zolpidem 5 or 10 mg for long-term use, the request is non-certified. For the reasons noted above, the request is non-certified.

PRESCRIPTION OF NORCO 10/325MG #120 WITH 5 REFILLS (DISPENSE GENERIC UNLESS DAW): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.) The clinical documentation submitted for review indicated the patient rated her pain at 8/10 at her 11/04/2013 visit. However, it was not specified as to whether this 8/10 rating was with or without use of her pain medications. Additional details regarding the patient's pain outcome with use of Norco were also not provided within the records. Therefore, it is unclear whether the patient receives significant pain relief with use of Norco. Additionally, details regarding the patient's functional status, adverse side effects, and aberrant drug taking behaviors were not provided in the recent documentation. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioid medications, the request is not supported. As such, the request is non-certified.

PRESCRIPTION OF SOMA 350MG #90 WITH 5 REFILLS (DISPENSE GENERIC UNLESS DAW): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma [®]) Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, use of Soma is not indicated for long-term use due to its high rate of abuse for its sedative and relaxant effects. The clinical information submitted for review indicates that the patient was utilizing Soma for muscle

spasms. However, a physical examination was not documented within her most recent clinical note dated 11/04/2013 to confirm the presence of muscle spasms. Additionally, details regarding other muscle relaxants that the patient has tried and failed were not clear within recent documentation. Further, as Soma is not recommended for long-term use, the request is not supported. For the reasons noted above, the request is non-certified.