

<b>Case Number:</b>	CM13-0040004		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/12/2005
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & 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 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 injured worker is a 63-year-old male who sustained a work related injury on November 12, 2005. The injured worker carries diagnoses of gastroesophageal reflux disease, sleep apnea, chronic neck pain, chronic back pain, and a mood disorder. A cervical MRI performed on June 24, 2011 demonstrated anterior fusion of C5 to C7 with multilevel degenerative spondylosis. A utilization review determination on September 11, 2013 recommended noncertification of the Soma and Ambien controlled release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill: Ambien CR 12.5mg #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, Pain, Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress & Mental Illness Chapter.

**Decision rationale:** The Official Disability Guidelines were utilized which specify the following: "Zolpidem is a prescription short-acting non-benzodiazepine 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 (Feinberg, 2008.)" Furthermore, the Official Disability Guidelines (ODG) recommend a trial first of non-pharmacologic management of insomnia. In the case of this injured worker, the medical records indicate that Ambien controlled release has been prescribed on a long-term basis. A review of a primary treating physician's progress report on January 9, 2013 indicates that the patient is taking Ambien at this time. There is a notation of psychotropic assessment in which the patient was counseled on the benefits and potential side effects of these medications. In subsequent office visits up until at least August 2013, there is indication that the patient is still taking Ambien. There was no documentation of any attempts to address the patient's insomnia from a nonpharmacologic approach. The use of Ambien on a long-term basis is not indicated per the ODG. The request for a refill of Ambien CR 12.5mg #30 is not medically necessary and appropriate

**Refill: Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 64-65.

**Decision rationale:** The MTUS Chronic Pain Guidelines state the following regarding carisoprodol, "Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance." In the case of this injured worker, there is documentation of long-term use of Soma. In the submitted documentation, the patient is on Soma as listed in progress reports from dates of service January 2013 2 August 28, 2013. There is no discussion of any attempts to try alternative antispasm medications. There is no specific documentation of the analgesic and functional benefit of Soma or attempts to wean the patient off this medication. Rather, the primary treating physician comments generally about pain level with use of all medications. Given the guidelines recommending short-term use (and for "acute exacerbations"), the request for Soma is not medically necessary and appropriate.