

<b>Case Number:</b>	CM13-0048449		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 injured worker is a 49-year-old male who reported an injury on 08/28/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 04/30/2014 indicated diagnoses of status post anterior cervical discectomy and fusion at C5-6 and C6-7 with persistent cervical spondylosis at C4-5, thoracic spine sprain/strain, status post left carpal tunnel release, persistent bilateral carpal tunnel syndrome, history of anxiety and depression of industrial causation, and exertional chest pain. The injured worker reported neck pain that radiated into his bilateral shoulders, upper extremities, and upper back pain. He also reported persistent chronic headaches. The injured worker had tried chiropractic treatment. He reported minimal benefit. The injured worker reported he had tried acupuncture which he reported did not help. On physical examination of the cervical spine, there was tenderness over the left paracervical musculature and left upper trapezius musculature with mild spasms noted. Cervical spine range of motion was decreased. The thoracic spine examination revealed tenderness and mild spasms noted in the bilateral thoracic paraspinal musculature and bilateral rhomboid muscles. The injured worker reported pain rated 7-8/10 with the use of medication and without medication, pain rated 10/10. The injured worker reported 30% improvement in pain and 30% improvement in function with his medication regimen. The injured worker reported improvement in ability to participate in activities of daily living which included walking, light stretching, bathing, and cooking. The injured worker reported without medication, he was unable to participate in activities and would be confined to his bed or chair. The provider noted the injured worker showed no evidence of drug-seeking behaviors and utilized his medications as prescribed. The provider noted the injured worker showed compliance with prescribed medications as indicated by CURES reports and urine drug screening. The injured worker's prior treatments included diagnostic imaging, surgery, chiropractic therapy, acupuncture, and

medication management. The injured worker's medication regimen included fentanyl, Oxycodone, Lexapro, Laxacin, Neurontin, Ambien, Soma, and Fioricet. The provider submitted request for Soma, Ambien, and Fioricet. A request for authorization dated 09/17/2013 was submitted for medications; however, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SOMA 350MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, ph. 76-80.

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

**Decision rationale:** The request for Soma 350 mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Soma is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Soma since at least 04/30/2014. This exceeds the guideline's recommendation of short-term use. In addition, the request did not indicate a frequency for this medication. Therefore, the request for Soma 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 Non-MTUS ODG, Pain Chapter, Ambien.

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

**Decision rationale:** The request for Ambien 10 mg #30 is non-certified. The Official Disability Guidelines state that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term, usually two to six weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also indicate 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. The injured worker has been prescribed Ambien since at least 04/30/2014. This exceeds the guideline's recommendation of 2 to 6 weeks. In

addition, the request did not indicate a frequency for the medication. Therefore, the request for Ambien is not medically necessary.

**FIORICET 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), page 23 Page(s): 23.

**Decision rationale:** The request for Fioricet 20 mg #30 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Fioricet is not recommended for chronic pain. The guidelines state the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesic agents due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it. The guidelines state there is a risk of medication overuse as well as rebound headache. Fioricet is a barbiturate-containing analgesic agent. It is not recommended for chronic pain. In addition, it is not recommended for long-term use. The injured worker has been prescribed Fioricet since at least 04/30/2014. This exceeds the guideline's recommendation for short-term use. In addition, the request did not indicate a frequency for the Fioricet. Therefore, the request for Fioricet is not medically necessary.