

<b>Case Number:</b>	CM13-0063119		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/20/1996
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported injury on 12/20/1996. The mechanism of injury was noted to be the patient was lifting pipes. The patient's medication history included Soma, Ambien, Xodol, Voltaren, and Gralise as well as bufferin as of 04/2013. The clinical documentation indicated the patient's pain was 10/10 without medications and a 7/10 with medications. The patient's diagnoses were noted to include bursitis of the left shoulder, left shoulder impingement syndrome, lumbar radiculopathy, lumbar degenerative disc disease, and post laminectomy syndrome of the lumbar region. The physical examination revealed there were no paraspinal muscle spasms. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tab:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter 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) Pain Chapter, Ambien

**Decision rationale:** Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The patient had been noted to be taking the medication since 04/2013. Clinical documentation submitted for review failed to indicate the patient had objective functional benefit that was received from the medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Ambien 10 mg tab 1 at night as needed is not medically necessary.

**Soma 350mg:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated the patient had been taking the medication since 04/2013. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There was a lack of documentation indicating the patient had muscle spasms to support the necessity for the medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Soma 350 mg 1 tablet daily as needed is not medically necessary.