

<b>Case Number:</b>	CM14-0000721		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	11/13/1999
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 48-year-old with a reported date of injury on November 13, 1999. The mechanism of injury was not submitted within the medical records. The injured worker had a right and left L5-S1 epidural steroid injection on November 18, 2013 which provided 50% pain relief with functional improvement for a few months. The injured worker has been utilizing Soma and Ambien since at least March 15, 2013. An MRI of the lumbar spine was performed on January 8, 2013 which reported a 3-4mm concentric posterior disc bulging results in moderate bilateral foraminal stenosis to the L5-S1 level, combined degenerative disc and facet changes results in mild central canal and mild to moderate bilateral foraminal stenosis. A conspicuous annular fissure was noticed in the right posterolateral margin of the disc interspace extending to the peripheral annular fibers. The progress note dated December 6, 2013 noted the injured worker rated her pain at 3/10 with medications and 9-10/10 without medications. The injured worker also rated her functional ability at 4/10 with medication and 9-10/10 without medications. The request of authorization form was not submitted within the medical records. The request is for Zolpidem ER 6.25mg 30 tablets and Carisoprodol 350mg 20 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM ER 6.25MG 30 TAB:** 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 CHAPTER.

**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, Zolpidem, Ambien.

**Decision rationale:** The request for Zolpidem ER 6.25mg, 30 tablets is non-certified. The injured worker has been on this medication since at least March 15, 2013. The Official Disability Guidelines recommend Zolpidem as a short-acting nonbenzodiazepine hypnotic, for the short-term (usually two to six weeks) treatment of insomnia. According to the guidelines, sleeping pills, so called minor tranquilizers, and anti-anxiety agent are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and 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. Ambien ER offers no significant clinical advantage over regular release zolpidem. The guidelines recommend Ambien for usually a 2-6 week treatment period; the injured worker has been on this medication for over 6 months. Additionally, the efficacy of the medication was unclear. The request for Zolpidem ER 6.25 mg, thirty tablets, is not medically necessary or appropriate.

**CARISOPRODOL 350MG 20 TAB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

**Decision rationale:** The request for Carisoprodol 350mg, 20 tablets is non-certified. The injured worker has been on Soma since at least March 15, 2013. The California Chronic Pain Medical Treatment guidelines do not recommend Soma. According to the guidelines, this medication is not indicated for long-term use. The risk of abuse with this medication is due to generalized sedation and treatment of anxiety. The abuse of Soma has been noted in order to augment or alter effects of other drugs such as, increasing sedation of benzodiazepines or alcohol; use to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); and as a combination with codeine. The injured worker has been utilizing Soma for more than 6 months and the guidelines do not recommend usage of this medication for extended periods of time. The efficacy of the medication was unclear within the provided documentation. The request for Carisoprodol 350 mg, twenty tablets, is not medically necessary or appropriate.