

<b>Case Number:</b>	CM14-0003848		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	03/04/1950
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has submitted a claim for neck and low back pain with an industrial injury date of January 16, 1998. Treatment to date has included lumbar TLESI, and medications including Norco, Oxycontin, Soma 350 mg 1 tab twice daily as needed (since May 2013) for muscle spasm, and Ambien 10 mg 1 tab at bedtime as needed (since May 2013) for sleep disturbance secondary to pain. Utilization review from November 19, 2013 denied the request for Soma 350 mg (#60 w/ 1 refill) because guidelines do not recommend this muscle relaxant, and Ambien 10 mg (#15 w/ 1 refill) because guidelines do not recommend long-term use of this sleep aid. Medical records from 2013 were reviewed, which showed that the patient complained of neck and low back pain, rated 8/10 without medications and 5-6/10 with medications, and accompanied by numbness over the right thigh. Her quality of sleep was poor and she was not trying any other therapies for pain relief. The patient is reported to not show evidence of medication dependency. No medication abuse was suspected. On physical examination, gait was normal. Cervical spine range of motion was restricted. Hypertonicity and tenderness was noted on bilateral paravertebral muscles. There was also tenderness in the trapezius. Spurling's maneuver was negative. Lumbar spine range of motion was restricted and there was tenderness of the paravertebral muscles with noted spasm bilaterally at L4 level. Lumbar facet loading and straight leg raising tests were negative. Neurologic examination showed normal motor strength but light touch sensation was decreased over the lateral thigh on the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG, SIXTY COUNT WITH ONE REFILL:** 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 Page(s): 29,65.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Soma is not recommended and is metabolized to meprobamate, which is an anxiolytic that is a schedule IV controlled substance. In addition, Soma is not indicated for long-term use and is not recommended for longer than a two to three week period. In this case, the patient has been on Soma since May 2013 (one year to date), which is not recommended as stated in the guidelines. The request for Soma 350 mg, sixty count with one refill, is not medically necessary or appropriate.

**AMBIEN 10MG, FIFTEEN COUNT WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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

**Decision rationale:** The California MTUS does not address the use of Ambien but according to the Pain Chapter of the Official Disability Guidelines (ODG), Ambien is approved only for short-term (usually two to six weeks) treatment of insomnia and pain specialists rarely, if ever, recommend it for long-term use. In this case, the patient has been on Ambien since May 2013 (one year to date), which is not recommended as the guidelines have stated. In addition, proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, 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. The request for Ambien 10 mg, fifteen count with one refill, is not medically necessary or appropriate.