

Case Number:	CM14-0107182		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2001
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old female with a 4/20/01 date of injury, and status post L5-S1 fusion 1995. At the time (6/18/14) of request for authorization for Ambien 12.5 mg #30 w/3 refills and Soma 350 mg #30 w/3 refills, there is documentation of subjective (back pain rated 7-9/10,) and objective (lumbar spine pain with range of motion, facet stress positive, tenderness over bilateral paraspinals, positive straight leg raise on the left leg, and diminished sensation in the L5, S1 dermatome) findings, current diagnoses (lumbago, lumbar degenerative disc disease, lumbar disc bulging, postlaminectomy syndrome, and sciatica), and treatment to date (TENS unit, activity modification, and medications (including ongoing use of Soma and Ambien since at least 12/13)). 6/9/14 medical report identifies that medications stabilized the patient's pain and allow the patient to function better overall. In addition, 6/9/14 medical report identifies the patient has some trouble sleeping and resting due to the pain. Regarding the requested Ambien 12.5 mg #30 w/3 refills, there is no documentation of the intention to treat over a short course (less than two to six weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding the requested Soma 350 mg #30 w/3 refills, there is no documentation of an intention for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5 mg #30 w/3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Insomnia Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar degenerative disc disease, lumbar disc bulging, postlaminectomy syndrome, and sciatica. In addition, there is documentation of some trouble sleeping and resting due to the pain. However, given documentation of records reflecting prescriptions for Ambien since at least 12/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, despite documentation that medications stabilized the patient's pain and allow the patient to function better overall, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 12.5 mg #30 w/3 refills is not medically necessary.

Soma 350 mg #30 w/3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment.

Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar degenerative disc disease, lumbar disc bulging, postlaminectomy syndrome, and sciatica. However, there is no documentation of an acute exacerbation of chronic low back pain and that Soma is being used as a second line option. In addition, given medical records reflecting prescription for Soma since at least 12/13, there is no documentation of an intention for short-term treatment. In addition, despite documentation that medications stabilized the patient's pain and allow the patient to function better overall, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg #30 w/3 refills is not medically necessary.