

Case Number:	CM14-0018945		
Date Assigned:	04/21/2014	Date of Injury:	08/31/2010
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old male who was injured on August 31, 2010. The current diagnoses include cervical facet pain improved following the most recent radiofrequency ablation and left side lumbar facet mediated pain. In the clinical note from January 7th, 2014 the claimant presents with complaints of low back pain, but noted good relief from the Hydrocodone. The Soma is documented as providing relief from the muscle spasms and Zolpidem is helping with difficulty sleeping. The physical examination documents tenderness over the left long bar facets, low back pain with extension and rotation, and a possible tilt. The utilization review in question is from February 10, 2014. The requests for Zolpidem and Soma were denied. A subsequent clinic note from February 27, 2014 documents continued use of Soma and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350, QTY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISPRODOL, 29.

Decision rationale: As noted on page 29 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for prescription of Soma 350MG, #30 cannot be recommended as medically necessary at this time.

ZOLPOIDEM 10MG # 60: Upheld

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

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 Section.

Decision rationale: The topic of sleeping medications is not addressed by the MTUS or ACOEM. The Official Disability Guidelines (ODG) specifically recommends against the long-term use of these medications. Based on the documentation provided, the medication appears to be utilized chronically. As such, the request is considered not medically necessary.