

<b>Case Number:</b>	CM14-0123007		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 59-year-old male with a reported date of injury on 03/25/2005. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included lumbar intervertebral disc sprain/strain, spasms of muscles, thoracic myofasciitis, post traumatic anxiety and postoperative laminectomy. The injured worker's medication regimen included potassium, furosemide, fluoxetine, doxycycline, Ritalin, Xanax, Elavil, simvastatin, finasteride, tamsulosin, vitamin D, clonidine, and Percocet. The clinical note dated 06/30/2014 indicates the physician added Soma and Ambien to the injured worker's medication regimen on that date. The injured worker presented with low back pain, bilateral upper back pain, bilateral mid back, and anxiety. Pain was rated at 4/10 with medications and 9/10 without medications. Upon physical examination of the lumbar spine, range of motion revealed flexion to 30 degrees, extension to 5 degrees, and lateral right rotation to 25 degrees, left lateral rotation to 25 degrees. The lumbar spine evaluation revealed tenderness in the lumbar region bilaterally. The injured worker indicated he felt discomfort during the performance of the evaluation. In addition, the injured worker presented with positive straight leg raise bilaterally. The thoracic spine evaluation revealed tenderness in the thoracic region bilaterally. The treatment plan included: injured worker to continue home exercise program, including stretches for the low back and bilateral lower extremities; arrangements for a surgical consultation due to worsening symptoms; injured worker to have a followup in 7 weeks. The Request for Authorization for surgical consultation, retrospective Ambien 10 mg #60 and retrospective Soma 350 mg #60 was submitted on 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consultation:** 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, Office Visits.

**Decision rationale:** The Official Disability Guidelines recommend office visits as determined to be medically necessary. The evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon review of the patient concerns, signs or symptoms, clinical stability, and reasonable physician judgment. The clinical information provided for review lacks documentation related to an appearance of red flags or the increase in neurological deficits or change in functional deficits. There is a lack of documentation to recent conservative care to include physical therapy. In addition, the clinical information lacks documentation as to the type of surgery that the physician is referring the injured worker for. Therefore, the request for surgical consultation is not medically necessary.

**Retrospective Ambien 10 mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation; MedScape 2009; PDR 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines state that zolpidem is a prescription, short acting, nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function in memory more than opioidal pain relievers. In addition, according to SAMHSA, zolpidem is linked to sharp increase in emergency department visits, so it should be used safely for only a short period of time. The clinical information provided for review indicates the physician added zolpidem to the injured worker's medication regimen on 06/30/2014. There is a lack of documentation related to the rationale for the addition of Ambien to the injured worker's medication regimen. There is a lack of documentation related to the injured worker's lack of sleep or the diagnosis of insomnia. In addition, the guidelines

recommend zolpidem for short term (usually 2 to 6 weeks) treatment of insomnia. The request for 60 pills exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and durations for use. Therefore, the retrospective request for Ambien 10 mg # 60 is not medically necessary.

**Retrospective Soma 350 mg # 60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The clinical information provided for review lacks documentation related to the rationale for the addition of Soma to the injured worker's medication regimen. There is lack of documentation related to muscle spasms or the need for a muscle relaxant. In addition, the guidelines do not recommend Soma and the medication itself is not indicated for long term use. The request for 60 tablets of Soma exceeds the recommended guidelines. In addition, the request as submitted failed to provide for frequency and durations for use. Therefore, the request for Retrospective Soma 350 mg # 60 is not medically necessary.