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| Case Number: | CM14-0161974 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 07/30/1997 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 59-year old male who sustained an industrial injury on 07/30/1997. The progress note from 08/27/14 was reviewed. Subjective complaints included back pain that was aching and throbbing. It was a constant pain that was 4/10 in intensity. Past medical history was significant for hypertension, back surgery and carpal tunnel surgery of right wrist. Pertinent medications included Terocin, Celebrex, Norco, Soma and Ambien CR. He was not working. Pertinent examination findings included spasm in the lumbar paravertebral region, right greater than left and restricted range of motion of lumbar spine. The diagnoses included lumbar disc disorder and lumbosacral spondylosis without myelopathy. He was reported to suffer from insomnia secondary to pain. There was no evidence of abuse or diversion of medications. The plan of care included Celebrex, Norco, Soma and Ambien CR. He had been on Ambien CR since 2012 and Soma since atleast 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, QTY: 84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: According to MTUS Chronic Pain medical treatment guidelines, Carisoprodol is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of spasms and hence the medical necessity for Soma is not met.

Ambien CR 12.5mg, QTY: 28: Upheld

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

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

Decision rationale: According to Official disability guidelines, pharmacological agents are to be used only after careful evaluation of causes of sleep disturbance. In addition, the guidelines add that Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance for upto 24 weeks in adults. The clinical notes reviewed indicate that the employee had been on Ambien CR since 2012 which is beyond the guidelines recommended duration without providing rationale for the prolonged use. Hence the request for Ambien CR is not medically necessary or appropriate.