

Case Number:	CM14-0170806		
Date Assigned:	10/23/2014	Date of Injury:	09/02/2004
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 59 year-old female with the date of injury of 09/02/2004. The patient presents with constant pain in her neck and shoulders, radiating down her arms. The patient rates her pain 7-9/10 on the pain scale, without medication and 5-7/10 with medication. The patient presents limited range of neck or shoulder motion. The patient is currently taking Oxycodone, Oxycontin, Soma, Ativan and Cymbalta. According to [REDACTED] report on 07/01/2014, diagnostic impressions are: 1. Fibromyalgia, probably arthritis 2. CRPS 3. Opioid tolerance problem. The utilization review determination being challenged is dated on 10/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/2014 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 #30: 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 of Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with pain and weakness in neck, shoulders and arms. The request is for Ambien CR 12.5g #30. Official Disability Guidelines (ODG) guidelines have the following regarding Ambien for insomnia: " Zolpidem (Ambien) (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the patient seems to have not used Ambien CR, however, the treater does not mention the patient's sleep condition. Given the lack of necessary information, the request is not recommended as medically necessary and appropriate.

Valium 10mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain and weakness in neck, shoulders and arms. The request is for Valium 10mg #10. Official Disability Guidelines (ODG) guidelines do not recommend Valium (Benzodiazepines) as first-line medications. It is "not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities)." This medication requires "after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Per National Toxicology report on 07/24/2014, the patient was taking Valium. There is no indication of exactly when the patient began using Valium, how long the patient has used, or how Valium has been helping in terms of decreased pain or functional improvement. The request is not recommended as medically necessary and appropriate.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma) Page(s): 63, 64, 29.

Decision rationale: The patient presents with pain and weakness in neck, shoulders and arms. The request is for Soma 350mg #60. California Medical Treatment Utilization Schedule (MTUS) guidelines page 29 do not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level). California (MTUS) page 63-66 state, "Carisoprodol (Soma, Soprodal 350 Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, per National Toxicology report on 07/24/2014, the patient was taking Valium. There is no indication of exactly when the patient began using Valium or how long the patient had used Valium. Given the lack of necessary information, the request is not recommended as medically necessary and appropriate.