

Case Number:	CM14-0177933		
Date Assigned:	10/31/2014	Date of Injury:	01/20/2003
Decision Date:	12/17/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Management 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 55 year old male with an injury date of 01/20/03. The 08/06/14 pain management progress report states that the patient presents with aching, burning, constant, radiating, severe lower back and knee pain rated 5-8/10. The patient has antalgic gait. Examination of the lumbar spine reveals pain at the L3-S1 region on palpation with palpable twitch positive trigger points in the lumbar paraspinal muscles as well as pain with lumbar extension. Straight leg raise is positive bilaterally with lower extremity numbness in the lateral right leg into the foot and in the left lateral leg posterior thigh. The patient's diagnoses from the 07/07/14 report include: 1. Persistent right knee pain status post partial medial meniscectomy and medial femoral condyle micro fracture on 01/09/14. 2. Failed Euflexx injections. Medications are listed as Ambien CR, Celebrex, Neurontin, Norco, Prilosec and Soma. The utilization review being challenged is dated 10/13/14. Reports were provided from 05/12/14 to 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg ER #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 (ODG)

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 topic state that Ambien

Decision rationale: The patient presents with constant knee and lower back pain rated 5-8/10. The treater requests for Ambien CR 12.5 mg ER #30. The reports show the patient has been using this medication since at least 04/24/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged." The treater does not discuss Ambien in the reports provided; however, does make the general statement that medications were being refilled as there is no evidence of abuse, diversion, hoarding or impairment. In this case, this medication is indicated for insomnia up to 24 weeks. It is unknown exactly how long the patient has been using it. However, the treater does not document insomnia for this patient or state whether or not the medication is helping. MTUS page 60 states a record of pain and function must be recorded when medications are used for chronic pain. The request for Ambien CR is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 29, 63-66.

Decision rationale: The patient presents with constant knee and lower back pain rated 5-8/10. The treater requests for SOMA 350 mg #60. The reports show the patient has been using this medication since at least 04/24/14. MTUS Soma page 29 states that this medication is not indicated for long term use. MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. In this case, the patient has been prescribed this medication months longer than the 2-3 weeks recommended by MTUS. Therefore, the request for Soma is not medically necessary or appropriate.