

Case Number:	CM14-0178943		
Date Assigned:	11/03/2014	Date of Injury:	08/31/2001
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 40 year old female who was injured on 8/31/2001. The diagnoses are low back pain and insomnia. The November 2013 MRI showed mild T11-T12 disc bulge with a normal lumbar spine. The patient was noted to have negative imaging studies of the lumbar spine and had previously completed physical therapy and medications management. She was not utilizing any medication until the flare up of symptoms in March 2014. On 9/22/2014, [REDACTED] noted subjective complaint of low back pain with associated insomnia since a flare up of symptoms in March, 2014. The objective findings were only tenderness to palpation of the paraspinal muscle and positive straight leg raising test. The medications are Hydrocodone, Ibuprofen and Tylenol for pain, Soma for muscle spasm and Zolpidem for insomnia. The record showed that the patient last received a 2 days pain medications prescription from the Emergency Room in December 2013. A Utilization Review determination was rendered on 10/3/2014 recommending non certification for Norco 10/325mg # 150, Soma 350mg # 120 and Zolpidem 10mg #130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records did not indicate subjective or objective findings that are consistent with exacerbation of severe musculoskeletal pain. There was limited radiological or physical finding. There is no indication that the patient had recently failed physical therapy and NSAIDs treatment. The criteria for the use of Norco 10/325mg #150 were not met. Therefore, this request is not medically necessary.

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that the use of muscle relaxants be limited to short term periods during exacerbation of severe musculoskeletal pain. The chronic use of muscle relaxant is associated with the development of dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The use of Soma is associated with increased incidence of sedative and addiction effects because of the action of Meprobamate, its anesthetic like metabolite. The records did not show subjective or objective evidence of exacerbation of severe musculoskeletal pain. The records did not show that the patient had recently failed standard treatment with NSAIDs and physical therapy. The criteria for the use of Soma 350 mg #120 were not met. Therefore, this request is not medically necessary.

Zolpidem 10mg #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that the use of sleep medications should be limited to short term period to minimize the development of dependency, addiction and adverse interaction with opioids and other sedatives. It is recommended that medications be utilized after non medication sleep measures and pain relief have failed to improve sleep. The chronic use of Zolpidem is associated with adverse

interaction with opioids and muscle relaxant medications. The records did not show that non medication sleep measures had failed. The guidelines recommend that the duration of treatment be limited to periods of less than 4 weeks. The criteria for the use of Zolpidem 10mg #130 were not met. Therefore, this request is not medically necessary.