

Case Number:	CM14-0023183		
Date Assigned:	05/14/2014	Date of Injury:	01/31/2001
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neuromuscular 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 patient is a 70-year-old male with a work injury dated 1/31/01. There are requests for Ambien and Soma. His diagnoses include a history of chronic musculoligamentous injury of the lumbosacral spine (LS-Spine) with preexisting multilevel degenerative disc disease, history of chronic musculoligamentous injury of the cervical spine, carpal tunnel syndrome bilaterally, history of chronic mild bilateral elbow strain, status post right arthroscopic rotator cuff repair and superior labral tear from anterior to posterior (SLAP) repair and residual symptoms in the shoulders, slightly more so on the right than the left. There is a 12/19/13 progress note that states that the patient's pain level has remained unchanged since last visit. He does not report any change in location of pain. He has no other symptoms other than pain. His quality of sleep is poor. He is not trying any other therapies for pain relief. He denies any new injury since last visit. Since last visit, quality of life has remained the same. Activity level has remained the same. The patient is taking his medications as prescribed and states that medications are working well. On exam, he is in moderate pain. He does not show signs of intoxication or withdrawal. He has slowed wide based and stooped gait without assistive device. His lumbar range of motion is restricted with flexion limited to 70 degrees limited by pain and extension limited to 15 degrees. On palpation, paravertebral muscles, tenderness is noted on both the sides. Lumbar facet loading is negative on both the sides. Straight leg raising test is negative. Babinski's sign is negative. Inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry or atrophy. Movements are restricted with limited due to pain. Hawkins test is positive. Neer test is positive. Empty Cans test is positive. On palpation, tenderness is noted in the glenohumeral joint and subdeltoid bursa. Sensory examination reveals normal touch, pain, temperature, deep pressure, vibration, tactile localization and tactile discrimination. Upper and lower extremities responded

normally to reflex examination. Wadell's signs are negative. On 11/27/13, partial certification was given to Soma to initiate weaning of medication, as long-term use is not recommended. On 11/27/13, certification was given to Ambien for downward titration and complete discontinuation, due to medication guideline noncompliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG QTY: 20.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 63, 65.

Decision rationale: Soma 350mg, #20 is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The patient has been on this medication for at least over one year. There were prior recommendations to wean this medication. There is no documentation of significant functional improvement despite being on this medication long term. In light of these reasons, the request for Soma 350mg, #20 not medically necessary.

AMBIEN 10MG QTY: 10.00: 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-TWC), Pain Procedure Summary (last updated 01/07/2014), 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), Mental Illness and Stress-Insomnia Treatment and Zolpidem.

Decision rationale: Ambien 10mg, #10 is not medically necessary per the ODG guidelines. The MTUS was reviewed but does not address insomnia treatment. The ODG states that Ambien is not recommended for long-term use. The ODG recommends pharmacological agents only after careful sleep evaluation. The documentation indicates that the patient has been on this medication for over one year and still continues to complain of insomnia. There is no discussion regarding sleep hygiene. There were prior recommendations to wean this medication due to medication noncompliance. The request for Ambien 10mg, #10 is not medically necessary.