MAXIMUS Federal Services

Case Number:	CM14-0027042		
Date Assigned:	06/13/2014	Date of Injury:	07/07/1997
Decision Date:	07/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neurological Surgery 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 injured party is a 38-year-old female who was reportedly injured on July 7, 1997. The mechanism of injury is noted as an injury to the lower back while lifting a mattress. The most recent progress note dated January 15, 2014, indicates that there are ongoing complaints of lower back pain as well as numbness and tingling in the lower extremities. Current medications were stated to include Soma, Ambien, Ranitidine, and Ibuprofen. The physical examination demonstrated a normal gait and tenderness along the lumbar paraspinals region. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. There was a diagnosis of a history of a lumbar spine L4 - L5 and L5 - S1 lumbar fusion. No specific treatment plan was mentioned other than medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL (SOMA) 350 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Soma is a muscle relaxant that is also a scheduled IV controlled substance. The Chronic Pain Medical Treatment Guidelines do not recommend the usage of Soma, especially for long-term use. The medical records provided for review show that the injured employee has a history of chronic low back pain since 1997 despite lumbar spine surgery and has had previous prescriptions of Soma. This request is for another 120 tablets which would indicate the intention for chronic long-term rather than episodic usage. Therefore, the request for Carisoprodol (Soma) 350mg,is not medically necessary.

ZOLPIDEM (AMBIEN) 10 MG HS #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, Pain Chapter, Ambien.

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

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is no mention in the medical record that the injured employee has any issues of insomnia or its relationship to the compensable injury. Nor has there been any mention of any previous treatment for insomnia other than the usage of Zolpidem. Therefore, the request for Zolpidem (Ambien) 10mg HS is not medically necessary.