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| Case Number: | CM14-0028820 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 04/18/2002 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 & Rehabilitation 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 worker is a 43-year-old female who sustained injury on 04/18/02. The patient worked as a nursing assistant and sustained injury from moving a patient at a rehab center. The injured worker injured her back and right shoulder. Subsequent to the injury, the patient had right shoulder surgery in 2003 and then eventually anterior cervical discectomy in 2006. On 06/17/08, right L4-L5 laminotomy, partial fasciectomy with discectomy is noted. The surgery helped improve the leg pain but she continued to have back pain. Prior conservative treatment included physical therapy and medications. MRI of the right shoulder on 02/24/09 showed a highly attenuated acromion, clavicle poorly seen. Because of the observation of reduced clearance between the undersurface of the acromion and superior aspect of the humeral head, there was likely possibility for mechanical impingement. MRI of the lumbar spine on 03/19/10 revealed at L4-L5 a 3-millimeter disc protrusion with endplate osteoarthritic ridging and at L5-S1 a 1-2 mm disc bulge. MRI of the cervical spine showed C4-C5 fixation hardware signal void artifacts that obscure the anterior aspect of the central canal at C4-C5 and C5-C6, greater to the right of midline particularly at C4-C5. Computed tomography (CT) scan of the cervical spine on 09/23/10 showed streaking artifact from the fixation plate and anchoring screws at C4 and C5. C4-C5 level showed an interbody fusion plug/cage. There was cervical curvature slightly reversed with apex of reversal at C4-C5. Electrodiagnostic consultation on 08/30/10 revealed evidence of mild-to-moderate left superficial peroneal sensory mononeuropathy due to axonal loss. On 05/14/14, the treating provider noted the patient had failed lesser therapies. The patient continued to have neck, low back and right shoulder pain. The pain kept her awake and Ambien helped her to sleep. Current medications were Ambien, Lidoderm patches, Norco, Soma, Topamax, amitriptyline, Adderall. Exam revealed mildly antalgic gait, myofascial tenderness in cervical and lumbosacral area. The patient appeared mildly depressed. The diagnoses were right

shoulder strain, right shoulder injury, low back pain, chronic pain syndrome, chronic depression, cervical pain. It was felt the patient had chronic pain with episodic flares. The patient was referred to compass functional rehab program and a low back brace was recommended. Topamax was increased for better control of headaches. Prescriptions were given for Dilaudid, Norco, Topamax, Ambien, and Soma. On 05/28/14 and 06/05/14, the request for compass functional rehab program initial evaluation and Norco was certified and the request for Dilaudid and Topamax was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30 WITH 3 REFILLS: 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) Pain (Chronic) Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: CA MTUS Guidelines do not address the issue in dispute; hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, this patient has chronic lower back pain and reports difficulty sleeping at night secondary to chronic pain. However, the records provided is very limited with no documentation of sleep hygiene or number of hours of sleep or efficacy with the use of this medication. Additionally, it is unclear from the records for how long the injured has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request is not medically necessary.

SOMA 350 MG #90 WITH 3 REFILLS: Upheld

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

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

Decision rationale: As per CA MTUS Guidelines, Soma is not recommended for longer than a 2 to 3 week period. In this case, this patient is currently taking Soma for an unknown period of time. Furthermore, there is no documentation of muscle spasm. Thus, the request is considered not medically necessary.

