

Case Number:	CM14-0036082		
Date Assigned:	06/23/2014	Date of Injury:	11/30/2005
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56 year old man who sustained a work related injury on November 30 2005. The patient underwent lumbar surgery on 2008 followed by hardware removal on 2010. According to a note dated on January 21, 2014, the patient was reported to have low back pain. The pain was rated 6/10. The patient inability to perform his activities of daily living worsened. The patient was treated with the pain medications, home exercise, physical therapy and psychiatric care. His physical examination demonstrated lumbar tenderness with reduced range of motion, and the visual motor strength, reduced sensation in the territory of the L5 dermatoma. The patient was diagnosed with the chronic pain, radiculitis, lumbar sprain and radiculopathy. The provider requested authorization to use Ambien and Soma. Ambien has been used at least since 2011 without documentation of its efficacy and medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics

(Benzodiazepine-receptor agonists

(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, Non-Benzodiazepinesedative-hypnotics, first-line medications for insomnia, this class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. The patient was treated with Zolpidem for unknown duration without clear benefit and the rational to continue the drug is not clear. In addition, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue. Furthermore, there is no recent documentation of sleep disorder. Therefore, the prescription of Ambien, #60 is not medically necessary.

Soma compound-codeine, #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 SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic neck, lumbosacral pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient developed spasm and there is no justification of prolonged use of Soma. The medication was prescribed at least since 2013 and there is no clear and continuous evaluation of its efficacy. Therefore, the request for Soma is not medically necessary.