

Case Number:	CM14-0044804		
Date Assigned:	06/23/2014	Date of Injury:	02/12/2001
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Interventional Spine 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 patient is a 52 year old female with an injury date on 02/12/2001. Based on the 03/05/2014 progress report provided by [REDACTED], the patient presents with headache, back pain and neck pain. The diagnoses are: Cervical Post-laminectomy Syndrome, Lumbar Post-laminectomy Syndrome, Thoracic Past-laminectomy Syndrome, Headache, and Pain Self-management Deficit, Chronic. [REDACTED] is requesting: Carisoprodol 350mg #90 with 5 refills and Zolpidem ER 12.5mg #30 with 3refills The utilization review determination being challenged is dated 03/13/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/10/2013 to 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CARISOPRODOL 350MG #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page, 29.

Decision rationale: This patient presents with headache, back pain and neck pain. The provider has asked for Carisoprodol 350mg #90 with 5 refills on 03/05/2014. A Review of the reports indicates the patient has not been prescribed Carisoprodol in the past. Regarding this medication, The California MTUS states that it is not recommended. This medication is not indicated for long-term use. The provider is requesting Carisoprodol 350mg #90 with 5 refills, which indicates for a long-term. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF ZOLPIDEM ER 12.5MG #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, Insomnia Treatment.

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

Decision rationale: This patient presents with headache, back pain and neck pain. The provider has asked for Zolpidem ER 12.5mg #30 with 3 refills on 03/05/2014. A Review of reports show that the patient has been taking Zolpidem ER 12.5mg for headaches as needed since 04/03/2013. The California MTUS and ACOEM Guidelines do not address Ambien; however, Official Disability Guidelines states that Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, medical records indicate the patient has been prescribed Zolpidem ER since 04/03/2013; the provider is requesting 12.5mg #30 with 3 refills, suggesting long-term use. Official Disability Guidelines does not recommend this medication for longer than 24 weeks and it appears that the provider is using it for longer than that. Therefore, the request is not medically necessary.