

<b>Case Number:</b>	CM14-0056236		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 61-year-old female whose date of injury was November 1, 1998. Apparently she was struggling with a shoplifter in her role as a loss prevention person and sustained injuries to her neck and right shoulder. Significant studies include an electro myelogram/nerve conduction velocity test of the upper extremities on October 4 of 2012 the results of which were normal. She also had an MRI scan of her cervical spine which revealed degenerative changes of C4-C5, C5-C6, and a minor disc protrusion at C6-C7. She has been maintained on Soma for muscle spasms, Xanax for anxiety related to her pain, Tylenol number three for pain, and Ambien for sleep. All medications appear to be chronic. Her diagnoses include chronic right shoulder strain/sprain, lumbago, cervical strain/sprain-chronic, and chronic diffuse myofascial pain syndrome. Her physical exam has largely revealed no tenderness in the back region with full range of motion and a normal lower extremity neurologic exam. The exam of her neck has largely revealed full range of motion and some tenderness of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol # 3 quantity one hundred twenty (120):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested for evidence of illegal activity including diversion, prescription forgery, or stealing. The urine drug screen from February 27 of 2014 is positive for buprenorphine. This suggests that the injured worker is either enrolled in a Suboxone program for opioid addiction or she has been taking buprenorphine illegally. In any event, buprenorphine is not listed as one of the patient's medications and therefore is suggestive of illegal activity. Hence, per the guidelines above, Tylenol number three quantity #120 is not medically necessary.

**Soma 350mg quantity thirty (30):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 ODG soma.

**Decision rationale:** Carisopropanol, also known as Soma, is FDA approved for symptomatic relief of discomfort associated with acute pain and musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. In this instance, he Soma has been used chronically and therefore its continued use is not medically necessary per the above guidelines.

**Xanax 0.5mg quantity one hundred twenty (120):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Benzodiazepines Topic.

**Decision rationale:** Xanax is a benzodiazepine which is a class a medication used to treat anxiety and a variety of other disorders. Their long-term use is not recommended because efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The criteria for continued use include the need for documentation of the indications at the time of the initial prescription and the authorization for refills should include the specific necessity for ongoing use as well as documentation of efficacy. These criteria have not been satisfied and therefore Xanax 0.5 mg, #120 is not medically necessary.

**Ambien 10mg quantity thirty (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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem( Ambien) Topic.

**Decision rationale:** Ambien is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term treatment of insomnia, usually two-six weeks. Proper sleep hygiene is critical to the individuals with chronic pain and often is hard to obtain. Various medications may provide short-term benefit, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed chronic pain. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There's also concern that they may increase pain and depression over the long-term. Therefore, Ambien 10 mg #30 is not medically necessary.