

Case Number:	CM14-0069328		
Date Assigned:	07/14/2014	Date of Injury:	01/06/1993
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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:

This is a 67-year-old male with a 1/6/93 date of injury. The patient injured his neck while performing a work-related duty. According to a 6/19/14 progress report, the patient complained of neck pain rated as 6 out of 10 on the visual analog scale (VAS) scale. Exacerbating factors included sitting, standing, walking, and doing too much at once. His pain was alleviated by the gym, chiropractic therapy, and massage. He stated that his depression was severe. Objective findings were myofascial pain and spasms with trigger points in bilateral trapezius and levator scapulae muscles, deep cervical fascia, radiculopathy in bilateral upper extremities, and right foot pain. Diagnostic impression includes cervicgia, lumbago, spasm of muscle, depressive disorder, and idiopathic peripheral neuropathy. Treatment to date has been medication management, activity modification, chiropractic therapy, acupuncture, physical therapy, and massage therapy. A UR report dated 4/29/14 modified the request for Soma from 30 tablets to 24 tablets for weaning purposes and denied the request for Intermezzo. Regarding Soma, the patient has been taking Soma since at least July 2012 for ongoing muscle spasms. The medication would not be medically appropriate at this time for long-term use according to guideline recommendations. Regarding Intermezzo, the patient last reported interrupted sleep on the report dated 8/29/12. The current available records indicate no findings of sleep issues or insomnia since that time to warrant Intermezzo use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been on Soma since at least 10/30/12. A specific rationale identifying why the patient requires Soma despite lack of guideline support was not provided. Therefore, the request for Soma 350 mg #30 was not medically necessary.

Intermezzo 3.5mg #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 (ODG), Pain (Chronic), Edluar (zolpidem tartrate).

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

Decision rationale: CA MTUS does not address this issue. According to the FDA, Intermezzo is a brand-name formulation of Zolpidem, the same ingredient as Ambien, indicated for middle-of-the-night waking followed by difficulty returning to sleep. The Official Disability Guidelines (ODG) and the FDA state that zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend zolpidem for long-term use. The patient has been utilizing Intermezzo since at least 12/31/13. Guidelines do not support the long-term use of zolpidem. In addition, there is no discussion provided of other alternatives for the patient's sleep disorder, such as proper sleep hygiene. Therefore, the request for Intermezzo 3.5 mg #30 was not medically necessary.