

Case Number:	CM14-0071753		
Date Assigned:	07/16/2014	Date of Injury:	08/26/2003
Decision Date:	08/29/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 57-year-old male who reported an injury on 08/26/2003. The mechanism of injury was not provided for clinical review. Previous treatments included medications, massage therapy, and an MRI. The diagnoses included left cervical radiculopathy, lumbar strain with lumbar radiculopathy, right shoulder strain, left shoulder pain, and insomnia due to chronic pain. In the clinical note dated 06/09/2014, it was reported the injured worker complained of cervical spine and lumbar spine discomfort with a pain rating of 8/10 in severity. He complained of bilateral shoulder pain with pain rating of 9/10 in severity. Upon the physical examination, the provider noted a soft lump, lipoma. The injured worker had moderate paralumbar muscle tenderness and muscle spasms on the right side. He had a positive straight leg raise on the left at 80 degrees, and on the right at 60 degrees. The provider indicated the injured worker had tenderness to palpation of the right acromioclavicular region. It was noted he had spasms in the paracervical muscles. The provider requested Soma and requested Ambien for sleep difficulty. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Soma 350 mg #60 is not medically necessary. The injured worker complained of cervical spine and lumbar pain rated 8/10 in severity and bilateral shoulder pain rated 9/10 in severity. The California MTUS Guidelines recommend Soma as a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbation in patients with low back pain. The Guidelines do not recommend the use of muscle relaxants to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 06/2014, which exceeds the Guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request for Soma 350 mg #60 is not medically necessary.

Ambien 10mg: Upheld

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

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

Decision rationale: The request for Ambien 10 mg is not medically necessary. The injured worker complained of cervical spine and lumbar pain rated 8/10 in severity and bilateral shoulder pain rated 9/10 in severity. The Official Disability Guidelines indicate Zolpidem, also known as Ambien, is appropriate for short-term treatment of insomnia, generally 2 to 6 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, there is a lack of documentation indicating the injured worker is treated for or diagnosed with insomnia. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request for Ambien 10 mg is not medically necessary.