

<b>Case Number:</b>	CM14-0083052		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female with a reported date of injury on 06/29/2010. The mechanism of injury was not provided with the documentation available for review. The injured worker presented with lower neck pain, radiating into the bilateral shoulder and scapular pain. Upon physical examination, the injured worker's cervical range of motion was noted to be restricted by pain in all directions. There was tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the bilateral C4-T1 facet joints. The injured worker rated her pain at 4-5/10 with medication and 9/10 without medication. Previous conservative care included physical therapy; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included status post repeat fluoroscopically guided bilateral C4-5 and bilateral C6-7 facet joint radiofrequency nerve ablation, status post left cervical facet joint pain, right cervical facet joint pain, cervical facet joint arthropathy, right paracentral disc protrusion at C6-7 measuring 2 mm, central disc bulge at C5-6 measuring 2 mm, cervical degenerative disc disease, cervical sprain/strain, and hypertension. The injured worker's medication regimen included HCTZ, Percocet, Soma, Ambien, Lidoderm patches, and anti-nausea medication. The request for authorization for 30 Ambien 5 mg; 90 Oxycodone/APAP 10/325 mg; and 60 Soma 350 mg was submitted on 06/04/2014. According to the physician, the Ambien was requested due to disturbed sleep secondary to chronic pain. The Oxycodone and Soma were requested for industrial related neck pain and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Ambien 5 mg.:** 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).

**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 (Ambien).

**Decision rationale:** The Official Disability Guidelines approve the use of Ambien for a short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommends them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. According to Substance Abuse and Mental Health Services Administration (SAMHSA), Zolpidem is linked to sharp increase in emergency department visits, so it should be used safely for only a short period of time. The clinical documentation provided for review indicates the injured worker has utilized Ambien prior to 01/2012. There is a lack of documentation related to the functional and therapeutic benefit in the ongoing use of Ambien. In addition, the guidelines do not recommend Ambien beyond a 2 to 4 week period. The request for the continued utilization of Ambien exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 30 Ambien 5 mg is not medically necessary and appropriate.

### **90 Oxycodone/ APAP 10/325 mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker utilized oxycodone prior to 01/2012. There is a lack of documentation in the ongoing review of pain relief, functional status, appropriate medication use, and side effects. The clinical information provided for review lacks documentation of the injured worker's functional deficits to include range of motion values in degrees. There is a lack of documentation related to the ongoing therapeutic and functional benefit in the use of Oxycodone. In addition, the request as submitted fails to

provide frequency and directions for use. Therefore, the request for 90 Oxycodone/APAP 10/325 mg is not medically necessary and appropriate.

**60 Soma 350 mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active Metabolite is Meprobamate. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. There was a 300% increase in the number of emergency room episodes related to Soma from 1994 to 2005. According to the clinical documentation provided for review, the injured worker has utilized Soma prior to 01/2012. There is a lack of documentation to the therapeutic and functional benefit of the ongoing use of Soma. In addition, the guidelines do not recommend the use of Soma. The request as submitted failed to provide frequency and directions for use. Therefore, the request for 60 Soma 350 mg is not medically necessary and appropriate.