

<b>Case Number:</b>	CM14-0089623		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 44-year-old male who reported an injury on 07/01/2009. The mechanism of injury was not provided. On 06/26/2014, the injured worker presented with complaints of chronic pain in the lumbar spine with radiation of pain to the bilateral lower extremities. Upon examination, there was spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion of flexion and extension. There was decreased sensation noted to the L4-5 dermatomal distribution bilaterally. The diagnoses were lumbosacral radiculopathy and lumbar sprain/strain. Current medications included Prozac, Norco, and Norflex. The provider recommended Norco, Ambien, and Soma. The provider's rationale was not provided. The Request for Authorization Form was dated 07/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Ambien 10mg #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) Treatment in Workers' Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)). Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)). (updated 2/14/12)Zolpidem (Ambien).

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

**Decision rationale:** The Official Disability Guidelines state that Ambien is a prescription short acting non-benzodiazepine hypnotic which is approved for short term, usually 2 weeks to 6 weeks, for treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. Sleeping pills, or so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, but pain specialists rarely recommend 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. The documentation lacked evidence of the injured worker displaying any signs or symptoms of insomnia. There was a lack of documentation on if the injured worker had trouble with sleep initiation, maintenance, or early awakening. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Soma 350mg #90:** Upheld

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

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

**Decision rationale:** The California MTUS does not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed central acting skeletal muscle relaxant, and abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. Additionally, the provider's request does not indicate the efficacy of the prior use of Soma or the frequency of the medication. As such, the request is not medically necessary.

