MAXIMUS Federal Services

Case Number:	CM14-0188158		
Date Assigned:	11/18/2014	Date of Injury:	09/16/2010
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 42 year old female who was injured on 9/16/2010. She was diagnosed with lumbar pain, lumbosacral spondylosis, lumbosacral radiculopathy, lumbar facet joint syndrome, and lumbar disc herniation. She was treated with lumbar surgery (discectomy) and multiple medications for pain control including muscle relaxants, opioids, and anti-epileptics. She was also diagnosed with depression, anxiety, and sleep disturbance secondary to her chronic pain, for which she was also treated with diazepam, amitriptyline, Prozac, and Ambien at night for insomnia. Documentation of previously used medications listed diazepam and Prozac as having been stopped due to "possible drug interaction", however the diazepam was restarted without Prozac. On 10/16/14, the worker was seen by her primary treating physician reporting continual and worsening low back pain with radiation to left leg rated at 9/10 on the pain scale and worse left leg weakness. No report on anxiety or sleep patterns were reported in the progress note from that day. Physical examination revealed walking with a cane, tenderness to bilateral paravertebral muscles at lumbar area as well as sacroiliac joint tenderness bilaterally, positive FABER test, positive Pelvic shear test, positive Stork test on left side, decreased left leg sensation, and decreased strength in the left leg. Her medications were then renewed, including Ambien, diazepam, Neurontin, Norco, Percocet, and Soma. She was also given a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #28: 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/zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, Sedative hypnotics, AND Pain section, insomnia treatment section

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address the use of sedative hypnotics. However, the Official Disability Guidelines (ODG) states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was no report on how the Ambien was being used and how it affected her sleep patterns with its use, which might have helped justify its continuation. Regardless, however, Ambien is not recommended for chronic use as the worker had been using it, and so it must be considered medically unnecessary to continue for these reasons.

Soma 350mg #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, Soma was used chronically for the worker. However, there was insufficient up to date documentation showing functional benefit with its use. Also, there was unclear evidence for significant and acute muscle spasm which might have justified a short course of a muscle relaxant. However, since the intention of this request was for chronic use, which is not recommended for this category of medication and due to the lack of evidence of benefit with prior use, the Soma is not medically necessary to continue.