

<b>Case Number:</b>	CM14-0193907		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on 3/31/2000. He has reported low back pain. The diagnoses have included displacement thoracic/lumbar disc without myelopathy and lumbar sprain/strain. Treatment to date has included pain management, medications, physical therapy and lumbar epidural injections. Recent (MRI) magnetic resonance imaging and Nerve Conduction Studies were noted with no significant changes noted from prior studies. Currently, the Injured Worker complains of recurrent low back pain and right side sciatica. On 10/17/14 he stated he was doing well and attempting to lose weight. On 11/12/14 Utilization Review non-certified Zolpidem Tartrate 10 mg #30, noting the medical necessity has not been established and it is not recommended for long term use as a sleep aide. The ODG was cited. Utilization Review submitted a modified certification for Carisoprodol 350 gm #90, noting it is not indicated for long term use and efficacy appears to diminish over time. The MTUS, ACOEM Guidelines, was cited. On 11/18/14, the injured worker submitted an application for IMR for review of Zolpidem Tartrate 10 mg #30 and Carisoprodol 350 gm #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 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 Ambien

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter: Zolpidem

**Decision rationale:** The patient presents with recurrent low back pain and right side sciatica. The current request is for Zolpidem Tartrate 10mg #30. The treating physician states, the patient takes Ambien 10mg qhs for his sleep disorder. He has had difficulty with sleeping for many years. This is due to the back and leg pain as well as his accident of falling off a ladder. The ODG guidelines state, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. In this case, the treating physician, based on the records available for review, has been prescribing Zolpidem Tartrate 10mg #30 since at least October 2014. This is well outside the ODG guidelines which only recommends short term usage. The current request is not medically necessary and the recommendation is for denial.

**Carisoprodol 350 Mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

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

**Decision rationale:** The patient presents with recurrent low back pain and right side sciatica. The current request is for Carisoprodol 350 Mg #90. The treating physician states, the patient takes Soma 350mg, two TID for muscle spasm (yes, he does have muscle spasms in his leg and lower back). The MTUS guidelines are very clear regarding Soma which states, not recommended. This medication is not indicated for long-term use. In this case, the treating physician, based on the records available for review, has been prescribing Carisoprodol 350 Mg #90 since at least October 2014. Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.