

Case Number:	CM14-0194482		
Date Assigned:	12/02/2014	Date of Injury:	01/17/2003
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year old female with an injury date of 01/17/03. Based on the 10/27/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 with and 9/10 without medications and insomnia. Physical examination to the cervical spine revealed tenderness to palpation to the paraspinals, and moderately diminished range of motion in all planes. Patient's medications include Norco, Soma, Wellbutrin, Amitriptyline, and Edular. Soma and Edluar have been prescribed in progress reports dated 06/09/14 and 10/27/14. Medications are significantly helpful with good benefit and no side effects. Patient tolerates medications well and is active. Patient is taking care of her home and providing self-care. Per 08/18/14 progress report, patient is permanent and stationary. Diagnosis 10/27/14- chronic neck pain- chronic pain syndrome- status post cervical spinal fusion C5 through C7- insomnia- hypothyroidism NOS- hyperlipidemia- undiagnosed cardiac murmurs- depression NOS- screening cardiovascular NEC- asthma, mild intermittent- lipoma of unspecified site- postmenopausalThe utilization review determination being challenged is dated 11/05/14. Treatment reports were provided from 06/09/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #120: Upheld

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

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

Decision rationale: The patient presents with neck pain rated 7/10 with and 9/10 without medications and insomnia. The request is for SOMA 350MG #120. Patient is status post cervical spinal fusion C5 through C7. Patient's diagnosis dated 10/27/14 included chronic neck pain and chronic pain syndrome. Patient's medications include Norco, Soma, Wellbutrin, Amitriptyline, and Edular. Medications are significantly helpful with good benefit and no side effects. Patient tolerates medications well and is active. Patient is taking care of her home and providing self-care. Per 08/18/14 progress report, patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: (Carisoprodol (Soma, Soprodal 350, Vanado, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. Treater has not provided reason for the request. MTUS recommends requested Soma only for a short period. Soma has been prescribed in progress reports dated 06/09/14 and 10/27/14, which is 5 months from UR date of 11/05/14. Furthermore, the request for quantity 120 does not indicate intended short-term use. Therefore the request is not medically necessary.

EDLUAR 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

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

Decision rationale: The patient presents with neck pain rated 7/10 with and 9/10 without medications and insomnia. The request is for EDLUAR 10MG #30. Patient is status post cervical spinal fusion C5 through C7. Patient's diagnosis dated 10/27/14 included insomnia, chronic neck pain and chronic pain syndrome. Patient's medications include Norco, Soma, Wellbutrin, Amitriptyline, and Edular. Patient tolerates medications well and is active. Patient is taking care of her home and providing self-care. Per 08/18/14 progress report, patient is permanent and stationary. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting NonBenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, 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. (Feinberg, 2008). Patient presents with insomnia, however treater has not discussed reason for the request. MTUS recommends requested Zolpidem only for a short period of 7-10

days. Edluar has been prescribed in progress reports dated 06/09/14 and 10/27/14, which is 5 months from UR date of 11/05/14. Furthermore, the request for quantity 30 indicates intended usage exceeding 10 days, which is not recommended by guidelines. The request is not medically necessary.