MAXIMUS Federal Services

Case Number:	CM14-0197417		
Date Assigned:	12/05/2014	Date of Injury:	11/02/1998
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 44 year old female with an injury date on 11/02/1998. Based on the 07/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbago, Low Back Pain 2.Encntr Long-Rx Use NecAccording to this report, the patient complains of constant low back and leg pain. Pain is rated as a 7/10. The patient also complains of insomnia. Physical exam reveals "muscle weakness, stiffness, joint complaint and arthralgia(s). Tenderness is noted at the lumbar spine and facet joint. Lumbar range of motion is decreased in flexion and extension.The treatment plan is to "Stop Zanaflex. Try Soma. Continue Norco." The patient's condition is "permanently disabled." There were no other significant findings noted on this report. The utilization review denied the request for Ambien Cr 12.5mg # 30 and Carisoprodol 350mg # 90 on 11/02/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/21/2014 to 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien Cr 12.5mg # 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: Zolpidem Mosby's drug consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to the 07/03/2014 report, this patient presents with constant low back, leg pain, and insomnia. The current request is for Ambien Cr 12.5mg # 30. This medication was first mentioned in the 03/21/2014 report; it is unknown exactly when the patient initially started taking this medication. The California MTUS and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address Ambien; however, Official Disability Guidelines (ODG) Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Ambien Cr # 30. Medical records indicate the patient has been prescribed Ambien since 3/21/2014. The treater does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. The ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request is not medically necessary.

Carisoprodol 350mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Pain Page(s): 64, 63.

Decision rationale: According to the 07/03/2014 report, this patient presents with constant low back, leg pain, and insomnia. The current request is to start Carisoprodol 350mg # 90. For muscle relaxants for pain, the California MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Carisoprodol # 90. This medication is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.