

Case Number:	CM15-0004326		
Date Assigned:	01/15/2015	Date of Injury:	02/01/2004
Decision Date:	04/10/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51-year-old female, who sustained an industrial injury on 02/01/2004. The diagnoses have included lumbar disc disorder and lumbar radiculopathy. Treatments to date have included physical therapy, psychotherapy, epidural steroid injections, and medications. Diagnostics to date have included MRI of lumbar spine on 09/14/2009, which showed central disc protrusion at L4-5 level and right paracentral/right disc protrusion at L5-S1. In a progress note dated 12/05/2014, the injured worker presented with complaints of lower backache and rates her pain with medications as a 4/10 and without medications as an 8/10. The treating physician reported that the injured worker needs her medications to be able to work full time without restrictions. Utilization Review determination on 01/04/2015 non-certified the request for 1 Prescription for Soma 350mg #30 plus 1 refill and 1 Prescription for Ambien CR 12.5mg #30 plus 1 refill citing California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Soma 350mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol), Opioids.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Soma 350mg, #30, 1 refill is not medically necessary.

One prescription for Ambien CR 12.5mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, Postsurgical Treatment Guidelines Page(s): ODG) Pain; Zolpidem (Ambien) (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antiepilepsydrugs>).

Decision rationale: MTUS guidelines are silent regarding the use of Ambien as well as other non-benzodiazepine sedative drugs. A review of the literature suggested that Ambien is indicated for short-term use (7-10 days) in insomnia. According to ODG guidelines, "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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". According to the patient file, there is no clear documentation of insomnia or sleep disturbance. Furthermore, a sleep problem could exist and could be secondary to her pain problem and this should be addressed. Therefore, the prescription of Ambien CR 12.5mg, #30, 1 refill is not medically necessary.