

<b>Case Number:</b>	CM15-0008039		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/20/1997
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: 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 61-year-old female who sustained an industrial injury dated 03/20/1997. The mechanism of injury is not documented. The injured worker presents on 12/29/2014 with complaints of low back pain which she describes as intermittent. She rates her average pain about 8/10. Physical exam revealed antalgic gait. There was tenderness in the right and left lumbar paravertebral regions at the lumbar 4-5 and lumbar 5-sacral 1 level. Extension, right lateral rotation, and left lateral rotation of the lumbar spine were positive for pain. Straight leg raising test was negative bilaterally. Prior treatments documented are the use of medications. Diagnoses included sacroilitis, lumbar spondylosis, and facet joint syndrome. The provider notes the injured worker has signed an opioid agreement and urine drug screen and CURES reports are consistent. On 01/12/2015 Utilization Review non-certified the following requests: Soma 350 mg # 60 MTUS Guidelines was cited. Ambien 10 mg # 30 - Official Disability Guidelines was cited. Lidoderm 5% 700 mg patch # 30 - MTUS Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with complaints of low back pain which is described as intermittent. The current request is for Soma 350mg #60. The treating physician requests 2 tablets of Soma for this month, and afterwards we will wean her completely off of the medication on 12/29/14 (11). The MTUS guidelines state: Not recommended. This medication is not indicated for long-term use. In this case, the treating physician, based on the medical records available for review, has had the patient on Soma since at least 09/02/14, which is well outside the guidelines for short-term use. The current request is not medically necessary and the recommendation is for denial.

**Ambien 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, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Zolpidem (Ambien®)

**Decision rationale:** The patient presents with low back pain which is described as intermittent. The current request is for Ambien 10mg #30. The treating physician requests, Ambien 10 mg tablet 1 Tablet Every Night PRN for 30 Days, Dispense 30 Tablet on 12/29/14 (11). Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state: 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. In this case, the treating physician states on 09/02/14, the patient's sleep has been disturbed secondary to pain and that when she does not take her Ambien, she is awake all night. There is no further mention of her sleeplessness or any attempt at proper sleep hygiene in any of the reports available for review. The patient has been prescribed Ambien since 09/02/14, which is substantially longer than the recommended 7-10 days referenced by ODG. The current request is not medically necessary and the recommendation is for denial.

**Lidoderm 5% patch 700mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The patient presents with low back pain which is described as intermittent. The current request is for Lidoderm 5% patch 700mg #30. The treating physician requests, Lidoderm 5 % (700 mg/patch) adhesive patch 1-2 Every 12 hours PRN for 30 Days, Dispense 30 Patch on 12/29/14 (11). The MTUS guidelines state: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the treating physician, on 09/02/14 states, the patient states that the Lidoderm patches provide tremendous relief and improvement of function particularly as regards her ability to walk. However, in the records available for review, there is no indication that localized peripheral pain has been diagnosed. The current request is not medically necessary and the recommendation is for denial.