

Case Number:	CM15-0105841		
Date Assigned:	06/10/2015	Date of Injury:	08/31/2010
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 08/31/2010. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/14/2015 the injured worker has reported neck pain and back pain. On examination his pain was rated at a 6/10. He was noted to greatly benefit from cervical and lumbar radiofrequencies. The diagnoses have included left cervical facet pain, bilateral lumbar facet pain and cervical myofascial pain. The injured worker was noted to be working part time. Treatment to date has included trigger point injections and radiofrequency, exercise, walking, stretching chiropractic care and medication: hydrocodone, Soma and Zolpidem. The provider requested Soma 350 mg and Zolpidem 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29.

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

Decision rationale: MTUS Guidelines devote a distinct section to Soma (Carisoprodol) in addition to a general discussion under the section for muscle relaxants. The Guidelines are very clear stating that Soma is not recommended. There are other muscle relaxants that are supported for short-term use. There are no unusual circumstances to justify an exception to Guidelines. The Soma 350mg. #90 is not supported by Guidelines and is not medically necessary

Zolpidem 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 Online, Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Insomnia treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the long-term use of select hypnotic agents for chronic insomnia associated with chronic pain. However, the Guideline do not support the long term use of Zolpidem recommending that use be limited to 3 weeks maximum when used on a regular basis. There are alternatives that are supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Zolpidem 10mg. #30 is not supported by Guidelines and is not medically necessary.