

Case Number:	CM15-0133454		
Date Assigned:	07/21/2015	Date of Injury:	07/17/2002
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47-year-old male with an industrial injury dated 07/17/2002. The injured worker's diagnoses include status post lumbar decompression with residual low back pain. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported ongoing low back pain with radiation into his leg. The injured worker reported that his pain was decreased from an 8/10 to a 2-3/10 with medication. Objective findings revealed tenderness in the lower lumbar paravertebral musculature. The treatment plan consisted of medication management. The treating physician prescribed Ambien 10mg #30, 2 refills and Soma 350mg #30, 2 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 with 2 refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the worker's working diagnosis is history of lumbar decompression with residual low back pain. The date of injury is July 7, 2002. Request for authorization is June 10, 2015. The medical record contains 21 pages. The earliest progress note with Ambien and soma prescriptions is dated February 25, 2015. Subjectively, the injured worker complains of low back pain that radiates to the left leg. There is no insomnia or sleep difficulty documented in the medical record. Ambien is recommended for short-term (7 - 10 days) treatment of insomnia. The progress note containing the request for Ambien 10 mg #30 with two refills is dated May 20, 2015. There are no compelling clinical facts supporting the ongoing use of Ambien. Ambien has been continued, at a minimum, for three months. Ambien is indicated for 7 - 10 days. Consequently, absent compelling clinical documentation to support ongoing Ambien and treatment continued in excess of the recommended guidelines for 7-10 days, Ambien 10 mg #30 with 2 refills is not medically necessary.

Soma 350mg #30, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #30 with 2 refills is not medically necessary. Muscle relaxants are recommended as second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the worker's working diagnosis is history of lumbar decompression with residual low back pain. The date of injury is July 7, 2002. Request for authorization is June 10, 2015. The medical record contains 21 pages. The earliest progress note with Ambien and Soma prescriptions is dated February 25, 2015. Subjectively, the injured worker complains of low back pain that radiates to the left leg. Soma is recommended for short-term use (less than two weeks). At a minimum, the treating provider prescribed Soma in excess of three months. The exact start date is not indicated in the medical record. Additionally, objectively, there is no documentation indicating lumbar muscle spasm. Consequently, absent compelling clinical documentation with objective evidence of lumbar muscle spasm, acute low back pain

and/or and acute exacerbation of chronic low back pain and treatment in excess of the recommended guidelines for short-term (less than two weeks), Soma 350mg #30 with 2 refills is not medically necessary.