

Case Number:	CM15-0148282		
Date Assigned:	08/12/2015	Date of Injury:	03/29/2002
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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:

Injury on March 29, 2002; she reported pain to her whole body and was diagnosed with low back sprain and neck sprain. Treatment to date has included physical therapy, home exercise program, diagnostic studies, diagnostic imaging, right knee arthroscopic surgery, right shoulder corticosteroid injection, and medications. Currently, the injured worker complains of right knee pain, low back pain and neck pain. She reports that her right knee pain is made worse with cold weather and prolonged ambulation. She has muscle spasms. Her low back pain and neck pain are made with activity and she reports her pain is made significantly better with medication. Her current medications include Protonix, Senokot, Soma, and Ambien. On physical examination the injured worker has no abnormalities of gait. She has normal muscle tone of the bilateral upper extremities and the bilateral lower extremities. The diagnoses associated with the request include pain in joint of the lower leg, pain in joint of the shoulder, internal derangement of the left knee and status post left knee replacement, neck pain, and lumbar disc displacement without myelopathy, lumbar spine stenosis and lumbago. The treatment plan includes Soma and Ambien, continuation of home exercise program, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation <https://www.medicaid.state.ar.us/Download/provider/pharm/CarisoTaper.pdf>.

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, Carisoprodol (Soma) 350 mg #90 is not medically necessary. Muscle relaxants are recommended as a 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 injured worker's working diagnoses are status post left knee replacement; pain in joint lower leg; pain in joint shoulder; internal arrangement left knee; psychogenic pain NOS; lumbar disc displacement without myelopathy; neck pain; stenosis spinal lumbar; and lumbago. Date of injury is March 29, 2002. Request for authorization is June 24, 2015. A progress note dated February 12, 2015 shows the treating provider prescribed Ambien and Soma at that time. According to the most recent progress note dated June 4, 2015, subjectively the injured worker complains of knee pain, low back pain and bilateral shoulder pain. Spasm is best relieved with Soma. Objectively, there is spasm noted. Soma is recommended short-term (less than two weeks) for acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider prescribed Soma in excess of four months, at a minimum. The start date is not documented in the record. Additionally, there is no documentation of an acute exacerbation of chronic low back pain or acute low back pain. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment with Soma continued for four months in excess of the recommended guidelines for short-term (less than two weeks) and no compelling clinical facts to support ongoing Soma, Carisoprodol (Soma) 350 mg #90 is not medically necessary.

Ambien 5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 5 mg #30 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 injured worker's working diagnoses are status post left knee replacement; pain in joint lower leg; pain in joint shoulder; internal arrangement left knee; psychogenic pain NOS; lumbar disc displacement without myelopathy; neck pain; stenosis spinal lumbar; and lumbago. Date of injury is March 29, 2002. Request for authorization is June 24, 2015. A progress note dated February 12, 2015 shows the treating provider prescribed Ambien and Soma at that time. According to the most recent progress note dated June 4, 2015, subjectively the injured worker complains of knee pain, low back pain and bilateral shoulder pain. Spasm is best relieved with Soma. Objectively, there is spasm noted. There are no subjective complaints of insomnia or sleep difficulties. Ambien has been prescribed in excess of four months. The guidelines recommend short-term use (7-10 days). There are no compelling clinical facts to support the ongoing use of Ambien. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines, continued use (in excess of four months, at a minimum) in excess of the recommended guidelines (7 to 10 days) and documentation demonstrating objective functional improvement, Ambien 5 mg #30 is not medically necessary.