

Case Number:	CM15-0162923		
Date Assigned:	08/31/2015	Date of Injury:	05/22/1997
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 53 year old male, who sustained an industrial injury on May 22, 1997. He reported low back pain and bilateral carpal tunnel pain. The injured worker was diagnosed as having chronic low back pain, status post two back surgeries with unknown nature of the surgeries, bilateral carpal tunnel syndrome, status post carpal tunnel surgical release and status post lumbar fusion on May 28, 2014. Treatment to date has included diagnostic studies, surgical intervention of the wrist and lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain, bilateral wrist pain and low back pain. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain as noted. He rated his pain at 10 out of 10 on a 1-10 scale with 10 being the worst without the use of medications and at 8 on a one out of 10 with the use of medications. Evaluation on May 5, 2015, revealed continued pain as noted with increased shoulder pain. A visual analog pain scale was not included in the document. Evaluation on June 16, 2015, revealed continued pain as noted. He rated his pain at 10 on a 1-10 scale without the use of medications and at 8 on a 1-10 scale with 10 being the worst with the use of medications. It was noted he had positive Phalen's and Tinel's tests bilaterally and decreased range of motion of the right shoulder and low back. Soma 350mg #120 and Ambien 10mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with back pain and right shoulder pain rated 10/10 without and 8/10 with medications. The request is for SOMA 350MG #120. The request for authorization is not provided. The patient is status post lumbar fusion L4-S1, 05/28. Physical examination of the back reveals intact surgical scar on lower back. Tenderness to palpation on lower back. Decreased range of motion. Exam of right shoulder reveals limited range of motion. Patient's medications include Ambien, Hydrocodone-APAP, Soma, Lidoderm, Vicodin, and Metformin. Per progress report dated 07/14/15, the patient is TTD. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Patient has been prescribed Soma since at least 02/24/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Soma #120 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

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 (ODG), Chapter: Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with back pain and right shoulder pain rated 10/10 without and 8/10 with medications. The request is for AMBIEN 10MG #30. The request for authorization is not provided. The patient is status post lumbar fusion L4-S1, 05/28. Physical examination of the back reveals intact surgical scar on lower back. Tenderness to palpation on lower back. Decreased range of motion. Exam of right shoulder reveals limited range of motion. Patient's medications include Ambien, Hydrocodone-APAP, Soma, Lidoderm, Vicodin, and Metformin. Per progress report dated 07/14/15, the patient is TTD. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "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. 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. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater does not specifically discuss this medication. Patient has been prescribed Ambien since at least 05/19/15. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.