

<b>Case Number:</b>	CM15-0164783		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 70 year old male who sustained an industrial-work injury on 5-3-01. He reported an initial complaint of right wrist and left shoulder pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, left shoulder impingement with mild adhesive capsulitis, degenerative joint disease, and degenerative arthritis of first joint of thumb, chronic cervical strain, and headaches. Treatment to date includes medication, surgery ( left shoulder arthroscopy on 1-27-12, carpal tunnel release 9-4-02, re-do of right de Quervain's release on 9-4-02, re-do of right de Quervain's release with extensor tenosynovectomy and neuroctomy of branch of radial sensory nerve, right wrist on 6-14-06). Currently, the injured worker complained of right wrist discomfort rated 4 out of 10 that increased with repetitive gripping and grasping. The left shoulder was stable and rated 2 out of 10. Per the primary physician's report (PR-2) on 7-5-15, exam noted hypertension, left shoulder had a surgical scar and range of motion was mildly decreased. A surgical scar was present in the right radial wrist which was slightly tender. Tenderness was noted on the dorsum of the right hand over the lateral aspect of hand, thumb, and index finger proximally. The requested treatments include 1 prescription of Soma 350mg and Ambien 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription of Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol). Decision based on Non-MTUS Citation Department of Veterans Affairs Medical Center, Portland, Oregon, as published (by permission) in the Oregon DUR Board Newslett. Oregon DUR Board Newsletter. 2002; 4: 1.28 Dec. 2005.  
[http://pharmacy.oregonstate.edu/drug\\_policy/news/4\\_8/4\\_8.pdf](http://pharmacy.oregonstate.edu/drug_policy/news/4_8/4_8.pdf).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

## **1 prescription of 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), Pain, Zolpidem (Ambien); Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.