

<b>Case Number:</b>	CM15-0165865		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

This is a 30-year-old female who sustained an industrial injury on 04-13-2012. Diagnoses include lumbar spine sprain, strain with radicular complaints; MRI evidence of 4 to 5 mm disc protrusion at L4-5, status post L4-5 microdiscectomy on the right and hemilaminotomy, foraminotomy and decompression. Treatment to date has included medication, epidural steroid injections (ESI), weight loss, spinal surgery and physical therapy. According to the progress notes dated 7-9-2015, the IW (injured worker) reported intermittent moderate low back pain and right buttock pain without radicular symptoms. On examination, the incision on the lumbar spine was clean and dry. The paralumbar musculature was tender and muscle spasms were noted. She ambulated with a walker. A request was made for Medrol dose pack, #1, Soma 350mg, #100; and Ambien 10mg, #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack #1:** 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 Chapter, Oral corticosteroids.

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

**Decision rationale:** The patient was injured on 04/13/12 and presents with low back pain. The request is for MEDROL DOSE PACK #1. There is no RFA provided and the patient is to remain off work until 07/27/15. Official Disability Guidelines, Pain Chapter, under Oral Corticosteroids has the following: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). In this study a clinical and biochemical remission of PMR was observed in 100% of the patients on methylprednisolone and in 89 % of the patients on prednisone. The patient has tenderness along her paralumbar musculature and spasm. She is diagnosed with lumbar spine sprain, strain with radicular complaints; MRI evidence of 4 to 5 mm disc protrusion at L4-5, status post L4-5 microdiscectomy on the right and hemilaminotomy, foraminotomy and decompression. In regards to the request for a Medrol Dosepak, this patient does not meet guideline criteria for oral corticosteroid therapy. Guidelines only support medications of this class for Polymyalgia Rheumatica, and specifically indicate that Corticosteroids are not considered appropriate for chronic pain complaints owing to the risk of serious adverse events. Given the lack of evidence indicating a condition for which the use of oral corticosteroids is considered appropriate, the request cannot be substantiated. The request IS NOT medically necessary.

**Soma 350mg #100:** 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).

**Decision rationale:** The patient was injured on 04/13/12 and presents with low back pain. The request is for SOMA 350 MG #100. There is no RFA provided and the patient is to remain off work until 07/27/15. There is no indication of when the patient began taking this medication. MTUS Guidelines, Muscle Relaxants, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has tenderness along her paralumbar musculature and spasm. She is diagnosed with lumbar spine sprain, strain with radicular complaints; MRI evidence of 4 to 5 mm disc protrusion at L4-5, status post L4-5 microdiscectomy on the right and hemilaminotomy, foraminotomy and decompression. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the request is for 100 tablets, which exceeds the 2 to

3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.

**Ambien 10mg #40:** 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 Chapter, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem (Ambien).

**Decision rationale:** The patient was injured on 04/13/12 and presents with low back pain. The request is for AMBIEN 10 MG #40. There is no RFA provided and the patient is to remain off work until 07/27/15. There is no indication of when the patient began taking this medication. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient has tenderness along her paralumbar musculature and spasm. She is diagnosed with lumbar spine sprain, strain with radicular complaints; MRI evidence of 4 to 5 mm disc protrusion at L4-5, status post L4-5 microdiscectomy on the right and hemilaminotomy, foraminotomy and decompression. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the treater has requested for 40 tablets of Ambien, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Ambien IS NOT medically necessary.