

Case Number:	CM15-0193852		
Date Assigned:	10/07/2015	Date of Injury:	03/29/2002
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 3-29-2002. A review of the medical records indicates that the injured worker is undergoing treatment for status post left knee replacement in 2009, pain in the lower leg joint, pain in the shoulder joint, internal derangement of the left knee, psychogenic pain, lumbar disc displacement without myelopathy, neck pain, lumbar spinal stenosis, and lumbago. On 6-4-2015, the injured worker reported right knee, lower back, and bilateral shoulder pain. The Primary Treating Physician's report dated 6-4-2015, noted the injured worker's muscle spasms were relieved by the Soma, with her pain significantly better with medication. The Physician noted the injured worker had been "very consistent on her current regimen for some time" and was noted to have trialed other muscle relaxants in the past without benefit. The injured worker was noted to deny side effects with the use if her medication. The injured worker's current medications were noted to include Protonix, Senokot, Soma, Ambien, Atenolol, Amlodipine Besylate, Hydrochlorothiazide, Lisinopril, and Simvastatin. The physical examination was noted to show the injured worker with a history of high blood pressure no abnormalities in her gait, and normal muscle tone in all extremities, unchanged since the 5-7-2015 examination. Prior treatments have included physical therapy, pool therapy, home exercise program (HEP), left total knee arthroplasty in 2009, and right shoulder corticosteroid injections. The treatment plan was noted to include prescriptions for the Soma and Ambien, both having been prescribed since at least 11-18-2014. The injured worker's work status was noted to be permanent and stationary. The request for authorization was noted to have requested retrospective Ambien 5mg quantity 30 DOS 5-7-15, retrospective Carisoprodol- Soma 350mg quantity 90 DOS 6-4-15, and retrospective Ambien 5mg quantity 30 DOS 6-4-15. The Utilization Review (UR) dated 9-4-2015, non-certified the requests for retrospective Ambien 5mg quantity 30 DOS 5-7-15, retrospective Carisoprodol-Soma 350mg quantity 90 DOS 6-4-15, and retrospective Ambien 5mg quantity 30 DOS 6-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 5mg quantity 30 DOS 5-7-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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." While it is noted per the medical records submitted for review that the injured worker finds Ambien to be helpful in terms of sleep, the injured worker has been utilizing this medication since at least 11/2014. It is noted that the injured worker uses Ambien only as needed and not on a regular basis, yet the request is for 30-day supply. As Ambien is not recommended for long-term use, the request is not medically necessary.

Retrospective Carisoprodol-Soma 350mg quantity 90 DOS 6-4-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.

Retrospective Ambien 5mg quantity 30 DOS 6-4-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ambien (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), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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." While it is noted per the medical records submitted for review that the injured worker finds Ambien to be helpful in terms of sleep, the injured worker has been utilizing this medication since at least 11/2014. It is noted that the injured worker uses Ambien only as needed and not on a regular basis, yet the request is for 30-day supply. As Ambien is not recommended for long-term use, the request is not medically necessary.