

Case Number:	CM15-0194724		
Date Assigned:	10/08/2015	Date of Injury:	09/02/2004
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 9-2-2004. Medical records indicate the worker is undergoing treatment for myofascial pain, fibromyalgia and complex regional pain syndrome in all four extremities. A recent progress report dated 8-31-2015, reported the injured worker complained of pain-discomfort in the head, bilateral shoulder, mid and low back, bilateral hands and feet and chest tightness(according to drawing) rated 5-6 with medications and 9-10 without medications and the left hip is better than the right. Physical examination revealed tenderness-noted difficult to decipher. Treatment to date has included physical therapy, Soma, Ambien and Xanax. On 8-31-2015, the Request for Authorization requested for Soma 350mg, #60 with no refills, Ambien CR 12.5mg, #30 with no refills and Xanax 1mg, #60 with no refills. On 9-14-2015, the Utilization Review noncertified the request for Soma 350mg, #60 with no refills, Ambien CR 12.5mg, #30 with no refills and Xanax 1mg, #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60 with no refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case the injured worker has been prescribed Soma in a chronic manner with no evidence of an acute exacerbation of muscle spasm. This medication is not intended for long-term use and has been denied on previous occasions, therefore, the request for Soma 350mg, #60 with no refills is determined to not be medically necessary.

Ambien CR 12.5mg, #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the issue of insomnia, the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, the dose requested (12.5mg) exceeds the recommendations of the guidelines, therefore, the request for Ambien CR 12.5mg, #30 with no refills is determined to not be medically necessary.

Xanax 1mg, #60 with no refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Per the available documentation, the injured worker has been prescribed this medication since 2012. There is no evidence of a trial and failure with antidepressants in this case, therefore, the request for Xanax 1mg, #60 with no refills is determined to not be medically necessary.