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| <b>Case Number:</b>   | CM15-0197525 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 09/01/1998 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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: Arizona, California  
 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 60 year old female who sustained an industrial injury on 9-1-1998. A review of medical records indicated the injured worker is being treated for acute and chronic right lateral epicondylitis, status post-surgical procedures at the right elbow and changes consistent with acute and chronic postoperative right radial tunnel syndrome, right cubital tunnel syndrome at the medial aspect of the right elbow, complex regional pain disorder, right upper and right lower, anterior compartment syndrome with common peroneal neuropathy after surgical procedures and intervention to the same right knee area, and chronic pain syndrome with idiopathic insomnia. Medical records dated 9-14-2015 noted right elbow and right upper limb sharp, stabbing pain, stiffness, weakness, numbness, and generalized discomfort. Review of systems remained unchanged. Physical examination noted reduction of range of motion of the right elbow in all planes with bulging at the lateral aspect of the right elbow. There was reduced sensation and strength in the distribution of the right radial nerve at the right elbow and also the right common peroneal nerve at the lateral portion of the right knee. Treatment has included Soma since at least 9-14-2015 and Ambien since at least 6-1-2015. Utilization review noncertified Ambien Cr 12.5 mg # 30 and Soma 350mg # 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #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). Online Edition, Pain Chapter (updated 09/08/2015), 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) pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used Lunesta for several months. The etiology of sleep disturbance was not defined or further evaluated. Long-term use of sleep medications is not indicated and doses of Ambien greater than 10 mg in female increases risks. Continued use of Zolpidem (Ambien) is not medically necessary.

**Soma 350mg #120:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) which increases side effect risks and abuse potential. The use of Soma is not medically necessary.