

<b>Case Number:</b>	CM15-0202792		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

This injured worker is a 47 year old male, who sustained an industrial injury on 03-07-2007. The injured worker was diagnosed as having status post lumbar surgery 2010, right ankle arthralgia status post 2 prior surgeries and chronic low back pain and radicular symptomatology. On medical records dated 08-06-2015 and 09-03-2015, the subjective complaints were noted as low back pain with right greater than left lower extremity symptoms. Pain was noted 7 out of 10. And right ankle pain was rated at 5 out of 10. No mention in regarding to sleep disturbance or sleep hygiene was noted. Objective findings were noted as lumbar spine revealed tenderness. and a decreased in range from motion of lumbar spine. Spasm was noted in the lumboparaspinal musculature. Treatments to date included medication, home exercise and brace. The injured worker was noted to be permanent and stationary. Current medications were listed as Hydrocodone (since at least 04-2015), Soma (since at least 04-2015), Ambien (since at least 04-2015) and Viagra. The Utilization Review (UR) was dated 10-14-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Hydrocodone 10 mg #120, Soma 350mg #90, Ambien 10mg #30 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months along with Tramadol. Pain reduction attributed to Hydrocodone is unknown. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Hydrocodone is not medically necessary.

**Soma 350mg #90:** 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:** 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 and Tramadol, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

**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 (Chronic), 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 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 as well. The sleep disorder was due to pain rather than a primary sleep disorder. Continued use of Zolpidem (Ambien) is not medically necessary.