

Case Number:	CM15-0212208		
Date Assigned:	11/02/2015	Date of Injury:	06/05/2003
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 66 year old female, who sustained an industrial injury on 6-05-2003. The injured worker was diagnosed as having protrusion 4mm L3-4 and L4-5 with foraminal narrowing, compression fracture L3, facet osteoarthropathy lower lumbar spine, cervical pain, cervical radiculopathy, left knee pain-rule out internal derangement, and reactive depression-anxiety. Treatment to date has included diagnostics, epidural steroid injection, and medications. On 9-09-2015, the injured worker complains of low back pain with right greater than left lower extremity symptoms (rated 7 out of 10), cervical pain with right upper extremity symptoms (rated 7 out of 10), left knee pain (rated 6 out of 10), and right knee pain (rated 3 out of 10). Pain ratings were unchanged since 8-19-2015 and 6-17-2015. Sleep disturbance complaints were not documented on 9-09-2015, 8-19-2015, or 6-17-2015). Opioid analgesic medications were documented as prescribed by pain management but currently unspecified. Medications as per psych were not specified. Medication facilitated maintenance of activities of daily living and "healthy activity level". Medications included Tramadol ER, Hydrocodone, non-steroidal anti-inflammatory drug, proton pump inhibitor, and Cyclobenzaprine. Objective findings noted tenderness of the lumbar-cervical spine, range of motion "limited with pain", "neurologically unchanged", and positive straight leg raise bilaterally. Exam of the bilateral knees noted tenderness, swelling, and crepitus with range of motion. Decrease in the lumboparaspinal musculature spasm was noted. She was prescribed Ambien CR (one by mouth daily at bedtime), Soma 350mg (three times daily), and Gabapentin. She was dispensed Naproxen and Tramadol ER. Work status was total temporary disability. Urine toxicology testings

(5-01-2015 and 7-10-2015) were consistent with ethanol use. The use of muscle relaxants was referenced for at least 6 months. On 10-12-2015 Utilization Review non-certified a request for Ambien CR #30 and modified a request for Soma 350mg #90 to Soma 350mg #81.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien. The request is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: Per the guidelines, with muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The records do not support medical necessity for soma. The request is not medically necessary.