

Case Number:	CM15-0212476		
Date Assigned:	11/02/2015	Date of Injury:	04/12/2013
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
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: Florida
 Certification(s)/Specialty: Neurology, 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 43 year old female, who sustained an industrial injury on 04-12-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical strain, cervical radiculopathy, and cervical spondylosis, cervical herniated nucleus pulposus at C6-7, and status post anterior cervical discectomy and fusion. Treatment and diagnostics to date has included cervical spine surgery, physical therapy, home exercise program, and medications. Recent medications have included Norco and Soma (since at least 05-06-2015). Subjective data (08-03-2015), included pain in the neck and left shoulder. Objective findings (08-03-2015) included "restful, nocturnal sleep pattern", tenderness to palpation over the left trapezial, rhomboid, and paracervical regions with muscle spasm, and positive impingement signs with acromioclavicular tenderness. The Utilization Review with a decision date of 10-19-2015 denied the request for Ambien 10mg #30 and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain (Chronic), Insomnia Treatment, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, zolpidem.

Decision rationale: Objective findings (08-03-2015) included "restful, nocturnal sleep pattern", tenderness to palpation over the left trapezial, rhomboid, and paracervical regions with muscle spasm, and positive impingement signs with acromioclavicular tenderness. The medical records provided for review do not indicate significant sleep interference. ODG supports short-term use of zolpidem if there is sleep interference. As such, the medical records do not support use of Zolpidem and the request is not medically necessary.

Soma 350mg #60: 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: MTUS guidelines do not support long-term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. Therefore, the request is not medically necessary.