

Case Number:	CM15-0213226		
Date Assigned:	11/03/2015	Date of Injury:	06/12/2002
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/29/2015

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: Physical Medicine & Rehabilitation

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 65 year old female who sustained an industrial injury June 12, 2002. According to a primary treating physician's progress report dated September 15, 2015, the injured worker presented with complaints of neck, mid back, low back, and bilateral shoulder pain, weakness, numbness and generalized discomfort. The physician documented the injured worker has had a good, but partial response to medication (unspecified). Current medication included Ambien (since at least August 18, 2015), Soma (since at least August 18, 2015), Mobic, Norco, and Prilosec. Objective findings included; reduced range of motion cervical and lumbosacral spin and shoulders bilaterally with a positive drops test bilaterally and bilateral shoulder subluxations; bilateral C7 and bilateral S1 radiculopathies with absent triceps and bilateral ankle deep tendon reflexes; reduced strength in the distribution of the bilateral suprascapular nerves; augmented touch floor gap and reduced bilateral straight leg raise measurements. Diagnoses are cervical spine disc syndrome with sprain, strain disorder and radiculopathy; thoracic spine sprain, strain; lumbosacral spine disc syndrome with sprain, strain disorder, radiculopathy and spinal stenosis; bilateral rotator cuff syndromes and impingement syndromes with bilateral suprascapular neuropathies; chronic pain syndrome with idiopathic insomnia. At issue, is a request for authorization dated September 15, 2015, for Ambien and Soma. Reports of drug screens dated June 10, 2015 and September 15, 2015, are present in the medical record and documented as inconsistent results. According to utilization review dated October 12, 2015, the requests for Prilosec, Mobic, and Norco were certified. The request for Soma 350mg Quantity: 90, was modified to Quantity: 68. The request for Ambien 12.5mg Quantity: 30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Muscle relaxants (for pain).

Decision rationale: The patient presents on 09/15/15 with pain in the neck, mid back, lower back, and bilateral shoulders. The patient's date of injury is 06/12/02. The request is for SOMA 350MG, #90. The RFA is dated 09/15/15. Physical examination dated 09/15/15 reveals reduced range of motion in the cervical spine, lumbosacral spine, and bilateral shoulders with bilateral C7 and S1 radiculopathies noted. The provider also notes decreased strength in the bilateral triceps, biceps, and musculature in the distribution of the suprascapular nerves. The provider also notes augmented touch floor gap and reduced bilateral straight leg measurements and reduced grip strength on the right compared with the left. The patient is currently prescribed Norco, Mobic, Xanax, Ambien, Soma, and Prilosec. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to the request for 90 tablets of Soma, the provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 08/18/15. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up, this patient presents with chronic cervical spine pain. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Ninety tablets with one refill (in addition to prior use) does not imply the intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.

Ambien 12.5%, #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-TWC), 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 Chapter, under Zolpidem.

Decision rationale: The patient presents on 09/15/15 with pain in the neck, mid back, lower back, and bilateral shoulders. The patient's date of injury is 06/12/02. AMBIEN 12.5% #30. The RFA is dated 09/15/15. Physical examination dated 09/15/15 reveals reduced range of motion in the cervical spine, lumbosacral spine, and bilateral shoulders with bilateral C7 and S1 radiculopathies noted. The provider also notes decreased strength in the bilateral triceps, biceps, and musculature in the distribution of the suprascapular nerves. The provider also

notes augmented touch floor gap and reduced bilateral straight leg measurements and reduced grip strength on the right compared with the left. The patient is currently prescribed Norco, Mobic, Xanax, Ambien, Soma, and Prilosec. Patient is currently classified as permanent and stationary. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In regard to the continuation of Ambien for this patient's depression and associated insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 08/18/15. While this patient presents with significant chronic pain and associated insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for 7-10 days. Therefore, the request IS NOT medically necessary.