

Case Number:	CM15-0219105		
Date Assigned:	11/12/2015	Date of Injury:	02/08/2009
Decision Date:	12/29/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 02-08-2009. He has reported injury to the right shoulder and bilateral knees. The diagnoses have included right shoulder impingement syndrome; right knee medial meniscal tear; status post left knee arthroscopy x 2; left knee tri-compartmental arthropathy; and complete disruptions of left anterior talofibular ligament. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Soma and Ambien. A progress report from the treating physician, dated 07-01-2015, documented a follow-up visit with the injured worker. The injured worker reported right shoulder pain, which he describes as anterolateral shoulder pain with overhead reaching, lifting, and internal rotation; he has pain that keeps him awake at night; he has continued complaints of left and right knee pain, for which he takes medication very sparingly, approximately once or twice per week; occasionally he has difficulty sleeping at night secondary to pain; and he takes the Ambien once or twice per week. Objective findings included right shoulder passive forward flexion is to 160 degrees, with a positive impingement sign; there is pain elicited when testing the supraspinatus tendon against resistance; strength is globally intact; there is right knee tenderness along the medial joint line with deep flexion; McMurray test is positive; there is left knee tenderness along the medial and lateral joint lines; subpatella crepitation with range of motion; and pain with deep flexion. The treatment plan has included the request for retro Soma 350 mg #15 with 2 refills; and retro Ambien 10 mg #15 with 2 refills. The original utilization review, dated 10-13-2015, non-certified the request for retro Soma 350 mg #15 with 2 refills; and retro Ambien 10 mg #15 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Soma 350 MG #15 with 2 Refills: 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: Soma is carisoprodol. Carisoprodol is not recommended. Carisoprodol 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, Tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request should not be authorized.

Retro Ambien 10 MG #15 with 2 Refills: 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 Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: Ambien is the medication zolpidem. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient has been using Zolpidem since at least July 2015. In addition the quantity of medication requested is sufficient for 45 days. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request should not be authorized.