

Case Number:	CM15-0219111		
Date Assigned:	11/12/2015	Date of Injury:	01/23/2006
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male with an industrial injury dated 01-23-2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine discopathy, lumbar spine discopathy and right knee arthrosis. According to the progress note dated 10-02-2015, the injured worker reported pain in the low back pain with radiation to lower extremity, left greater than right. The injured worker also reported persistent left knee pain with feelings of instability, neck pain, shoulder pain, upper back pain and hand pain. Pain level ranged from 6-9 out of 10 on a visual analog scale (VAS). Objective findings (10-02-2015) revealed bilateral knee tenderness with pain and radiation to popliteal area, spasm of calf with resisted knee extension, positive McMurrays's, positive Lachman's maneuver and positive sciatic stretch. Treatment has included diagnostic studies, prescribed medications, epidural injection, home exercise program and periodic follow up visits. The treatment plan included medication management and gym membership. Medical records indicate that the injured worker has been on Soma and Ambien since at least May of 2015. The injured worker is permanent and stationary. The utilization review dated 10-23-2015, non-certified the request for one year gym membership, Ambien 10mg quantity 30 every night at bedtime, and Soma 350mg twice a day quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg twice a day quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. In this case, the exam note from 10/2/15 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long-term use. This patient has been on Soma and Ambien since at least May of 2015. Therefore, the prescription is not medically necessary and the determination is for non-certification.

Ambien 10mg quantity 30 every night at bedtime: 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, Insomnia treatment.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine 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. There is no evidence in the records from 10/2/15 of insomnia to warrant Ambien. Therefore, the prescription is not medically necessary and thus the determination is for non-certification.

One year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym membership.

Decision rationale: CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym membership, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." In this case, there is lack of evidence that the claimant cannot perform a home based exercise program. Therefore, the gym membership is not medically necessary and the determination is for non-certification.