

Case Number:	CM15-0224629		
Date Assigned:	11/23/2015	Date of Injury:	06/14/2001
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50-year-old female, who sustained an industrial injury on 6-14-2001. The injured worker was diagnosed as having status post global fusion at L4-5, chronic pain syndrome, bilateral groin pain, myofascial pain of the right shoulder and periscapular region, and possible lumbar sprain-strain (flare-up 9-14-2015). Treatment to date has included diagnostics, lumbar spinal surgery in 2004, massage therapy, and medications. On 10-14-2015, the injured worker complains of ongoing low back pain. She reported reinjury a few weeks ago and was being seen under a separate claim for that injury, but was since discharged for regular duty. She was now back to working full time without limitations. Pain was rated 3 out of 10 with medications, noting that without medications flare ups up to 5-6 out of 10. Sleep complaints were not noted. Current medications included Motrin 800mg as needed, Lidoderm patch, Soma 350mg at bedtime as needed, and Ambien 5mg as needed. The use of Motrin, Soma, and Ambien was noted since at least 2-2014. Objective findings showed "no significant change". The treatment plan included continued Motrin, Soma, and Ambien. On 11-10-2015 Utilization Review non-certified a request for Motrin 800mg #30 with 2 refills, Soma 350mg #30 with 2 refills, and Ambien 5mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 50 year old female has complained of lower back pain and shoulder pain since date of injury 6/14/2001. She has been treated with surgery, physical therapy and medications to include NSAIDS since at least 02/2014. The current request is for Motrin. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 18 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Based on this lack of documentation, Motrin is not indicated as medically necessary in this patient.

Soma 350 mg Qty 30 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: This 50 year old female has complained of lower back pain and shoulder pain since date of injury 6/14/2001. She has been treated with surgery, physical therapy and medications to include Soma since at least 02/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short-term basis (4 weeks or less). Based on the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

Ambien 5 mg Qty 30 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: Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 50 year old female has complained of lower back pain and shoulder pain since date of injury 6/14/2001. She has been treated with surgery, physical therapy and medications to include Ambien since at least 02/2014. Zolpidem (Ambien) is recommended for the short-term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance,

response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. Based on the available medical documentation, Ambien is not indicated as medically necessary in this patient.