MAXIMUS Federal Services

Case Number:	CM15-0035991		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2004
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
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 51 year old female, who sustained an industrial injury on 2/1/2004. The details regarding the initial injury were not submitted for this review. The diagnoses have included lumbar disc disorder, lumbar radiculopathy, and lumbar disc degenerative disease. She is status post L5-S1 microdiskectomy 12/8/04. Treatment to date has included medication therapy, physical therapy and epidural steroid injections. Currently, the IW complains of continued pain that radiated down bilateral lower extremities rated 5/10 VAS. The physical examination from 2/27/15 documented limited Range of Motion (ROM) of lumbar spine with muscle spasms and tenderness. The plan of care-included continuation of medication therapy as previously prescribed. On 2/17/2015 Utilization Review non-certified a Soma 350mg #30 and Ambien CR 12.5mg #30, noting the guidelines do not support chronic long term use. The MTUS and ODG Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Soma 350mg #30 and Ambien CR 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Soma (carisoprodol); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The patient presents with low back pain that radiates down the bilateral lower extremities which is rated as 5/10. The current request is for 30 Soma 350 mg. The treating physician states on 1/30/15 (C9) "Soma is for moderate spasms. Patient reports daily active acute muscle spasms that start in the low back and radiate into the upper back. She notes with use she is able to control spasms which effectively reduce pain to a more tolerable level and improve her function." MTUS Guidelines define Soma (Carisoprodol) as a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS page 29 states for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." MTUS Guidelines page 65 states, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period." The clinical records provided indicate this patient has been taking this medication since at least 10/10/14, which is well beyond the recommended 2-3 week period. The current request is not medically necessary and the recommendation is for denial.

30 Ambien Cr 12.5mg: 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), Zolpidem (Ambien).

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

Decision rationale: The patient presents with low back pain that radiates down the bilateral lower extremities which is rated as 5/10. The current request is for 30 Ambien CR 12.5mg. The treating physician states on 1/30/15 (C9) "Quality of sleep is poor. Continue Ambien 12.5 CR. Patient states that she is not taking medication every night. Patient states if she is unable to get to sleep by 10pm at night she will take the CR Ambien. She notes sleep through the entire night getting roughly 8 hours. She does note occasional waking due to pain but states that she is able to fall right back to sleep. Ambien has been most helpful during exacerbation of low back pain as she reports she would not be able to sleep at all due to pain." Ambien (zolpidem) is not addressed in the MTUS Guidelines. ODG states that 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. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but

chronic use of hypnotics in general is discouraged. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The clinical records provided indicate this patient has been taking this medication since at least 10/10/14, which is well beyond the recommended 7-10 days. The current request is not medically necessary and the recommendation is for denial.