

<b>Case Number:</b>	CM15-0051772		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on 11/28/2006. Some reports list the date of injury as 11/24/97. Diagnoses include low back pain, status post L4-5 and L5-S1 artificial disc replacements, lumbar disc disease, lumbar facet syndrome, post annular tear at L4, multiple neuromas of the bilateral feet, headaches, right knee pain and right hip pain. Treatment to date has included medications, injections, surgery, and physical therapy. Ambien was documented to be prescribed in September 2012. Valium was prescribed since February 2013. Soma was prescribed since June of 2013. Progress notes later in 2013 and 2014 note ongoing prescription of valium and soma. Pamelor (nortriptyline) was prescribed in October 2014. On 12/3/14, a consultant neurologist noted an impression of post-concussion headaches with prescription for increased dose of nortriptyline. On 12/11/14, the injured worker complained of lumbar spine pain rated 7.5/10 in severity with increased pain since the last visit in September 2014. Examination showed diffuse tenderness, spasm, and guarding over the lumbar paraspinal muscles, with decreased range of motion of the lumbar spine and decreased sensation in the L4 and L5 dermatomes on the right. It was noted that the injured worker was doing daily exercises and stretches, and that her medications were the only things that help her get through the day. Authorizations for a cane, transcutaneous electrical nerve stimulation (TENS) unit and interferential unit were pending. Refills on gabapentin, pamelor, ambien, valium, and soma were provided. An Agreed Medical Examination from 1/5/15 notes that the injured worker last worked in 10/2014. At a pain management visit on 1/15/15, the injured worker complained of moderate to severe lumbar spine pain and reported worsening bladder issues. At a visit on

2/12/15, the injured worker complained of low back pain rated 7/10 in severity. Medications were noted to be well tolerated. Examination of the lumbar spine showed diffuse tenderness, spasms, and guarding over the lumbar paraspinal muscles, with limited range of motion, and decreased sensation in the right L4 and L5 dermatomes. Valium and soma were noted to be prescribed for management of muscle spasms, pamelor was prescribed as an analgesic, and ambien was prescribed for sleep. Work status was noted as off work. On 2/25/15, Utilization Review (UR) non-certified requests for 60 pamelor 10 mg, 30 ambien 12.5 mg, 90 valium 10 mg, and 60 soma 350 mg, all for DOS 12/11/14, citing the MTUS and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: 60 Pamelor 10mg, Dos: 12/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402, Chronic Pain Treatment Guidelines antidepressants p. 13-16 Page(s): 13-16.

**Decision rationale:** Pamelor (nortriptyline) is a tricyclic antidepressant. Adverse reactions may include urinary hesitance and urinary retention. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, the documentation indicates that pamelor was prescribed as an analgesic, and for treatment of headaches. Pamelor has been prescribed for more than three months without documentation of functional improvement. In addition, the injured worker reported worsening bladder symptoms, with no further details or discussion of evaluation for this. Due to lack of functional improvement and potential for toxicity, the request for pamelor is not medically necessary.

**Retrospective: 30 Ambien 12.5, Dos: 12/11/2014: 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), Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. Ambien has been prescribed for this injured worker for many months. Due to length of use in excess of the guidelines as well as lack of sufficient evaluation of sleep disturbance, the request for ambien is not medically necessary.

**Retrospective: 90 Valium 10mg, Dos: 12/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24, muscle relaxants p. 66.

**Decision rationale:** Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Valium has been prescribed for many months with length of use greater than one year, for treatment of muscle spasms. There was no documentation of functional improvement as a result of its use. Due to lack of recommendation by the guidelines for use of benzodiazepines as muscle relaxants, as well as length of use in excess of the guidelines, the request for valium is not medically necessary.

**Retrospective: 60 Soma 350mg, Dos: 12/11/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants p. 63-66, carisoprodol (soma) p. 29.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured

worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Soma has been prescribed for many months, with length of use of more than one year. Due to lack of recommendation by the guidelines, lack of functional improvement, and length of use in excess of the guidelines, the request for soma is not medically necessary.