

Case Number:	CM15-0080363		
Date Assigned:	05/01/2015	Date of Injury:	03/04/2010
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 67-year-old female who sustained an industrial injury on 3/4/10 from a trip and fall resulting in injury to the cervical spine, shoulders, right wrist, lumbar spine and bilateral knees. She subsequently injured her left wrist in a fall in 2013 sustaining a fracture. She currently complains of constant neck pain with limited range of motion; bilateral shoulder pain, worse on the left due to surgery with limited range of motion; low back pain, increased with physical activity and with limited range of motion. Her activities of daily living are limited and painful as she can't raise her arm. Medications are Depakote, Xanax, Ambien, Soma, Terocin Patch. Diagnoses include cervical spine C4-5 degenerative fusion; left shoulder rotator cuff repair, 28 years ago; left shoulder severe arthropathy and glenohumeral arthritis; left shoulder surgery, reverse total arthroplasty (2/10/15); right shoulder advanced degenerative changes; right shoulder arthroscopy; left distal radicular styloid fracture, status post external fixation (1/13); right carpal tunnel syndrome; lumbar spine anterior and posterior fusion 11/15/13); lumbar spine osteopenia; lumbar spine laminectomy; thoracic scoliosis; left knee degenerative arthritis; right knee arthroscopy (12/6/11); right knee chondromalacia of patella; right knee osteoarthritis; bowel incontinence; gastritis; headache; sleep disorder; stress; anxiety; depression. Treatments to date include medications, home therapy. Diagnostics include MRI of the cervical spine (3/1/11) with positive findings; lumbar spine x-ray (1/29/14); left knee MRI (3/1/12) with positive findings; MRI of the right knee (10/4/11); computed tomography of the left shoulder (1/16/15) with positive findings; MRI of the left shoulder (1/16/15); x-rays left and right shoulder (2/13/15) . In the progress note dated 2/4/15 the treating provider's plan of care recommends

refill on Ambien and to use Soma as needed and he states that the injured worker's present medication regimen allows her adequate level of functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg every 8 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications Page(s): 29; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Ambien 10mg HS #30: 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, ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons, the request is not medically necessary.

