

Case Number:	CM15-0088740		
Date Assigned:	05/13/2015	Date of Injury:	03/23/1998
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, age unspecified, who sustained an industrial/work injury on 3/23/98. She reported initial complaints of sciatica and right arm pain. The injured worker was diagnosed as having chronic low back pain with left leg sciatica and right arm pain and weakness secondary to non-displaced radial neck fracture of elbow. Treatment to date has included oral and topical medication. Currently, the injured worker complains of chronic leg sciatica with legs giving out and falling along with loss of strength in the right arm with pain. She began using a walker. Per the primary physician's progress report (PR-2) on 12/9/14, examination revealed guarding with respect to use of the right arm, tenderness to palpation over the elbow and distal forearm with tenderness over the wrist. There was persistent swelling and pain in the right arm. On 4/7/15, gastric complaints were also reported. Current plan of care included diagnostics and mediation for pain control. The requested treatments include Soma 350 mg and Zolpidem 12.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain procedure summary, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: This claimant was injured back in 1998. There is mention of pain with give out symptoms. She uses a walker. There is no mention of acute muscle spasm for which muscle relaxants are intended. There is no mention of insomnia documented. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately not medically necessary.

Zolpidem 12.5 mg: 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 procedure summary Zolpidem (Ambien) Mosby's Drug Consult Zolpidem tartrate (Ambien).

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, under Zolpidem.

Decision rationale: This claimant was injured back in 1998. There is mention of pain with give out symptoms. She uses a walker. There is no mention of acute muscle spasm for which muscle relaxants are intended. There is no mention of insomnia documented. The sleep medicine appears to be a long term usage per the records. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. The medicine was appropriately not medically necessary.