

Case Number:	CM14-0128725		
Date Assigned:	09/22/2014	Date of Injury:	03/02/1992
Decision Date:	10/27/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of March 2, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; earlier cervical fusion surgery; psychotropic medications; and reported return to work in a self-employed capacity. In a Utilization Review Report dated August 1, 2014, the claims administrator partially certified a request for Soma and Ambien while apparently approving other medications outright, including Zoloft, OxyContin, and Norco. The applicant's attorney subsequently appealed. In a July 23, 2014 progress note, the applicant presented with persistent complaints of low back pain, as high as 9/10 without medications. The applicant was reportedly self-employed and was working a lot, it was acknowledged. The applicant's medication list included Flector, Lopressor, Crestor, Celebrex, Ambien, Norco, OxyContin, Soma, and Zoloft. The applicant was status post cervical discectomy and fusion surgery, it was acknowledged. 5/5 lower extremity strength was appreciated. Multiple medications were renewed, including Ambien, Norco, OxyContin, Soma, and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using several opioid agents, including OxyContin and Norco. Adding Soma to the mix on a long-term basis is not recommended. Therefore, the request is not medically necessary.

Ambien CR 12.5mg #28: 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 (chronic) (updated 11/14/2013), Zolpidem.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not, by implication, recommended for the chronic, long-term, and/or scheduled-use purpose for which it is seemingly being employed here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.