MAXIMUS Federal Services

| Case Number: | CM14-0162485 | | |
|---|---|---|---|
| Date Assigned: | 10/07/2014 | Date of Injury: | 07/24/2008 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

## 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 47 year old female with an injury date of 7/24/08. Work status as of 9/4/14: Remain off-work until 10/16/14. No PR2 was submitted with the treatment request. Based on the 9/04/14 progress report by [redacted] this patient complains of "pain in neck, numbness radiates down left upper extremity to little finger, swelling to the left elbow." Exam shows "tenderness to cervical spine with guarding & decreased range of motion, and swelling to left lateral elbow and weakness to left arm." Diagnoses for this patient include cervical disc disease, s/p C3-4 anterior cervical discectomy and fusion 5/29/13, left elbow tendinitis, left cubital tunnel syndrome and depression & G.I. Distress, by history. The utilization review being challenged is dated 9/19/14. The request is for Carisoprodol tab 350mg Day Supply: 30 Qty: 90 Refills: 00 and Zolpidem tab 10mg Day Supply: 30 Qty: 30 Refills: 00. Carisoprodol was modified and certified for 2 months supplied, for weaning purposes. The requesting provider is [redacted] and he has provided various reports from 4/14/14 to 9/05/14. 9/5/14 Re-evaluation by [redacted]: Patient is still having severe neck pain. On physical examination by [redacted], the patient "does have some numbness in the left C5 distribution." EMG nerve conduction study shows C5 chronic and no active radiculopathy. Two views of the cervical spine were taken, which shows "some bone consolidations, but it is difficult to assess whether they are solidly fused." Refill of medications including "sleep-aide and pain medication to help manage her symptoms."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg, day supply: 30, qty: 90, refills: 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol/Soma Page(s): 63-66.

**Decision rationale:** This patient presents with tenderness and pain in the neck, with numbness that radiates down her left upper extremity to the little finger. MTUS guidelines do not recommend Soma, nor is the medication indicated for long-term use, longer than a two to three week period, as abuse has been noted for sedative and relaxant effects. Furthermore, Carisoprodol abuse has been noted in order to augment or alter effects of other drugs by: "increasing sedation of benzodiazepines," "use with tramadol to produce relaxation and euphoria," and as a "combination with hydrocodone, an effect some abusers claim is similar to heroin (aka 'Las Vegas Cocktail')." Additionally, withdrawal symptoms may occur with abrupt discontinuation. Review of documents show two requests for authorization (RFA) for Carisoprodol: 1) 7/16/14 RFA for Carisoprodol 350mg, 30 day supply #30. 2) 9/19/14 RFA for Carisoprodol 350mg, 30 day supply #90. Per 9/05/14, [redacted] noted: "Refill of medications including "sleep-aide and pain medication to help manage her symptoms." Given that MTUS guidelines do not recommend long-term use of Soma, a modification in the quantity seems reasonable, to initiate a "taper-to-wean-off" schedule and to avoid adverse effects from an abrupt discontinuation. However, regarding the request for #30 to #90 for a 30 day supply of Soma is an increase, contrary to a tapering schedule. Therefore, recommendation is for denial. Review of documents show two requests for authorization (RFA) for Carisoprodol:1) 7/16/14 RFA for Carisoprodol 350mg, 30 day supply #30.2) 9/19/14 RFA for Carisoprodol 350mg, 30 day supply #90.Per 9/05/14, [redacted] noted: "Refill of medications including "sleep-aide and pain medication to help manage her symptoms."Given that MTUS guidelines do not recommend long-term use of Soma, a modification in the quantity seems reasonable, to initiate a "taper-to-wean-off" schedule and to avoid adverse effects from an abrupt discontinuation. However, regarding the request for #30 to #90 for a 30 day supply of Soma, is an increase, contrary to a tapering schedule. Therefore, recommendation is for denial.

**Zolpidem tab 10mg, day supply: 30 qty: 30, refills: 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with tenderness and pain in the neck, with numbness that radiates down her left upper extremity to the little finger. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic and ODG guidelines approves its use for

short-term (usually two to six weeks) treatment of insomnia with difficulty of sleep onset and/or sleep maintenance, and chronic use of hypnotics in general is discouraged. Additionally, cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. There were two requests for authorization (RFA) for Zolpidem: 1) 7/16/14 RFA: Zolpidem 10mg, 30 day supply #30, which was denied as standard sleep hygiene techniques have not been attempted. 2) 9/19/14 RFA for Zolpidem 10mg, 30 day supply #30, this was also denied. Per 9/05/14, [redacted] noted: "Refill of medications including "sleep-aide and pain medication to help manage her symptoms."Review of submitted documents does not support diagnoses of any sleep disorders, or documentation of insomnia. This patient did attend three sessions of cognitive behavior therapy in July of 2014, before moving, for "depressed mood, anxiety, and sleep disturbance." Diagnosis at that time was "major depressive disorder, single episode mod." Given the absence of documentation of this patient's difficulty of sleep onset and/or maintenance, or attempts of standard sleep hygiene techniques, use of Zolpidem as a medical necessity is not warranted. Recommendation is for denial.