

<b>Case Number:</b>	CM14-0080648		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 47 year old woman with a date of injury of 8/3/09. She was seen by her primary treating physician on 2/7/14 with complaints of soreness to her neck and tingling down her left arm and fingers. She had tenderness to palpation of the cervical spine with muscle spasm noted. Flexion was 30 degrees, extension 20 degrees and rotation 50 degrees. She had a positive shoulder depression test and cervical spine compression test. Her diagnoses were cervical spine pain/strain status poste fusion C4-5 and C6-7 in 8/13 and left shoulder sprain/strain with internal derangement. Medications were refilled including Prilosec, Anaprox and Ultram. She was seen for a qualified medical evaluation on 4/18/14 and her medications included Ambien, Fluoxetine, Naproxen, Prilosec and Soma. She was said at this visit to be doing well and felt that she could return to her regular duties at work without limitations. At issue in this review are the medications: Ambien, Soma, Fluoxetine and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #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-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: treatment of insomnia and Zolpidem drug information

**Decision rationale:** Ambien or Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. Her sleep pattern, hygiene or level of insomnia is not addressed. There is no documentation of a discussion of efficacy or side effects and the records do not support the medical necessity of continued Ambien.

**Soma 350mg #90 with 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

**Decision rationale:** With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 2/14 or 4/14 fails to document any spasm or improvement in pain, functional status or side effects to justify ongoing use. Muscle spasm is also not documented. The records do not support medical necessity for Soma.

**Fluoxetine 40mg #60 I refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. This injured worker is prescribed Fluoxetine which is an SSRI but the records do not document a history of depression or whether this medication is being used for depression or chronic pain. There is no discussion of efficacy or side effects and the records do not support the medical necessity of continued Fluoxetine.

**Percocet 5/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any improvement in pain, functional status or side effects to justify use and it is not clear if this is a new or ongoing medication as it was not listed in the 4/14 medical visit. She was also said to be doing well and felt able to return to full work with no limitations. The medical necessity of Percocet is not substantiated.