

Case Number:	CM14-0212034		
Date Assigned:	01/02/2015	Date of Injury:	01/04/2010
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 60-year-old man with a date of injury of January 4, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic pain; cervical strain; thoracic strain; lumbar strain; shoulder impingement with tendinitis; history of depression; difficulty sleeping; blood pressure elevation; history of palpitations; and stress. The earliest progress note in the medical record dated July 30, 2014 had no medications documented. A progress note dated September 24, 2014 indicated the treating physician was refilling Ambien and Soma. There is a December 2014 progress note refilling Ambien and Soma as well. The documentation is unclear as the starting dates of Ambien and Soma. The September 24, 2014 progress note has a diagnosis of difficulty sleeping, however, there are no subjective complaints of insomnia. Additionally, the documentation did not show any muscle spasm in the lumbar spine. The documentation does not contain evidence of subjective/objective functional improvement in the record regarding the ongoing use of Ambien and Soma. Ambien 10 mg #30, and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 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 (ODG), Pain Chapter, Zolpidem

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, Zolpidem.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective requests Ambien 10 mg #30 is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnoses are chronic pain; cervical strain; thoracic strain; lumbar strain; shoulder impingement with tendinitis; history depression; difficulty sleeping; blood pressure elevation; history palpitation; and stress. The earliest progress note in the medical record dated July 30, 2014 had no medications documented. A progress note dated September 24, 2014 indicated the treating physician was refilling Ambien. There is a December 2014 progress note refilling Ambien. The documentation is unclear as the starting date of Ambien. Ambien is indicated for short-term (7 to 10 days) treatment of insomnia. The September 24, 2014 progress note has a diagnosis of difficulty sleeping, however, there are no subjective complaints. Additionally, the documentation does not contain evidence of subjective/objective functional improvement in the record. Consequently, absent compelling clinical documentation to support the ongoing use of Ambien in contravention of the short-term (7 to 10 day) guideline recommendations, retrospective requests Ambien 10 mg #30 is not medically necessary.

Retrospective request for Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 is not medically necessary. Most relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations and chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain; cervical strain; thoracic strain; lumbar strain; shoulder impingement with tendinitis; history depression; difficulty sleeping; blood pressure elevation; history palpitation; and stress. The earliest progress note in the medical record dated July 30, 2014 had no medications documented. A progress note dated July 30, 2014 had no medications documented. A progress note dated September 24, 2014 indicated the treating physician refilling Soma. There is a December 2014 progress note, again, refilling Soma. The documentation is unclear as to the exact starting date of Soma. Soma is indicated for short-

term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The documentation did not show any muscle spasm in the lumbar spine. Consequently, absent compelling clinical documentation to support the ongoing use of Soma in contravention of the short-term (less than two weeks) indication, evidence of objective functional improvement, Soma 350 mg #60 is not medically necessary.