

Case Number:	CM14-0212318		
Date Assigned:	01/02/2015	Date of Injury:	08/19/1992
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/18/2014

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

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:

Injured worker is a male with date of injury 8/19/1992. Per primary treating physician's progress report dated 11/18/2014, the injured worker continues to struggle with his ongoing neck pain and numbness in his left upper extremity. He continues to do well on his pain medications when he gets them on time. Pain continues to go from a 10/10 down to 6/10 with medication use. With medications he is able to dress himself and do some driving for errands and it improves his quality of life. He exercises occasionally. He walks approximately 2 blocks, but not more than that. He can do some light household chores. He cannot lift over 10 pounds. He lives with his mother who helps with all the heavy lifting. Urine drug screens have been consistent and he is not reporting stolen medications. He has a signed pain agreement. On examination he continues to have tenderness to palpation of the paraspinal muscles of the cervical spine greater on the left. He has decreased sensation in the median side of his left hand and forearm. Diagnoses include 1) status post neck surgery x3 2) chronic pain syndrome 3) depression secondary to chronic pain 4) swallowing difficulties, improved 5) left TMJ, hypertension, seizure, history of right foot fracture from 7/2007, chronic low back pain, deemed nonindustrial 6) possible left upper cervical facet joint syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 w/ 3 refills.: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. This is noted to be a new prescription. The requesting physician does not provide a rationale for starting Soma. The injured worker is noted to have tenderness to palpation of the paraspinal muscles of the cervical spine greater on the left. This is noted to be a continuation of physical exam findings, and not new due to exacerbation, re-injury, or new injury. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Soma 350mg #60 w/ 3 refills is determined to not be medically necessary.

Ambien 10mg #30 w/ 3 refills.: 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, Insomnia section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for Zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has received Ambien 5 mg from his primary care provider, but there is no report of efficacy at that dose versus Ambien 10 mg. Medical necessity for chronic use of Ambien 10 mg has not been established. The request for Ambien 10mg #30 w/ 3 refills is determined to not be medically necessary.