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| Case Number: | CM14-0216496 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 08/21/2013 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 40 year old male reportedly sustained a work related injury when lifting an item on August 21, 2013 resulting in low back pain. Magnetic resonance imaging (MRI) of lumbar spine on June 26, 2014 conclusion is disc degeneration with small bulge and early lumbar facet hypertrophy. Diagnoses include radiculitis, lumbar disc degeneration, lumbago, hepatitis C, and unspecified migraines. Treatments include physical therapy, chiropractic, acupuncture and epidural steroid injection. Orthopedic visit dated November 25, 2014 provides the injured worker complains of back pain rated 4/10 since epidural steroid injection. Physical exam reveals no apparent distress. Orthopedic visit dated December 16, 2014 provides the injured worker complains of back pain rated 9/10 with 50% improvement with medication. Epidural steroid injection is said to improve pain "extremely well". Medications are listed as Opana ER 20 mg, Soma 350 mg, Ambien 10 mg and ibuprofen 800 mg. Physical exam reveals mild distress, use of cane for ambulation and non-antalgic and pain on palpation of sacral spine. Impression is pain is worsening. On December 24, 2014 utilization review denied a request received December 22, 2014 for Soma 350 mg and Ambien 10 mg. Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pp. 63-66, AND Carisoprodol, p. 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, he had used Soma chronically leading up to this request for continuation. However, this isn't an appropriate duration of time to utilize a muscle relaxant, particularly Soma. Regardless, there was no documented evidence found in the documents provided for review suggesting any measurable functional benefit directly related to the regular use of Soma. Therefore, the Soma 35 mg #240 cannot be justified and will be considered medically unnecessary.

Ambien 10 mg # 120: 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) Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was evidence of chronic daily use of Ambien, however, there was no documentation found in the recent progress note stating its effects on the worker's sleep pattern and quality. Regardless, the chronic use of Ambien is not recommended and requesting another 4 months of chronic use is not medically necessary or appropriate.