

<b>Case Number:</b>	CM15-0005266		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/10/1998
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 12/10/1998. On provider visit dated 12/02/2014, the injured worker has reported neck pain. On examination, she was noted to have swelling on the left side of clavicle which has been there a long time. The diagnoses have included cervical disc disease, right upper extremity pain and right shoulder pain. Treatment plan included refills of previously prescribed medication. On 12/20/2014, Utilization Review non-certified Ambien 10mg #30 and modified Soma 350mg #90 as not medically necessary. The CA MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #90:** 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 Page(s): 63-66.

**Decision rationale:** The 71 year old patient presents with neck and arm pain, rated at 8/10, as per progress report dated 12/02/14. The request is for SOMA 350 mg, #90. The RFA for the case is dated 12/02/14, and the patient's date of injury is 12/10/98. Diagnoses, as per progress report dated 12/02/14, included cervical disc disease, right upper extremity pain, and right shoulder pain. The patient also suffers from derangement of the left ankle, as per progress report dated 10/16/14. The patient is off work, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is noted in progress report dated 06/26/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document an improvement in function or reduction in pain due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks. Hence, the request IS NOT medically necessary.

**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, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Zolpidem; insomnia treatment

**Decision rationale:** The 71 year old patient presents with neck and arm pain, rated at 8/10, as per progress report dated 12/02/14. The request is for AMBIEN 10 mg # 30. The RFA for the case is dated 12/02/14, and the patient's date of injury is 12/10/98. Diagnoses, as per progress report dated 12/02/14, included cervical disc disease, right upper extremity pain, and right shoulder pain. The patient also suffers from derangement of the left ankle, as per progress report dated 10/16/14. The patient is off work, as per the same progress report. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The guidelines also state: They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. "Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Ambien is first noted in progress report dated 07/15/14, and the patient has been using the medication consistently at least since then. The patient suffers from severe pain. However, none of the available progress reports discuss insomnia, secondary to pain. In fact, in progress report dated 12/02/14, the treater states that the patient denies depression, nervousness, mood swings or sleep disturbances. Additionally, the current request for 30 pills exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.