

<b>Case Number:</b>	CM15-0116964		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/20/1992
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

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:

The injured worker is a 62 year old female, who sustained an industrial injury on February 20, 1992. She reported neck pain, sciatic pain, occipital pain and back pain. The injured worker was diagnosed as having status post cervical fusion, sciatica, lumbosacral degenerative disc disease and degenerative joint disease. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, sciatic pain, occipital pain and back pain. The injured worker reported an industrial injury in 1992, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 27, 2007, revealed full range of motion in the cervical spine. She noted continued pain as noted and was reported to be using both Ambien and Soma. Evaluation on October 13, 2014, revealed no new complaints and that the injured worker was "doing okay". It was noted she had a reaction to Flexeril and wished to continue Soma. It was noted on March 12, 2015, she was feeling better after changing from Flexeril to soma. Evaluation on May 20, 2015, revealed continued back pain, sciatic pain, greater occipital pain and neck pain. She reported Voltaren gel was beneficial and that she was doing "okay". Soma 350mg #90 and Ambien CR 12.6mg # 30 was requested.

### 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.

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

**Decision rationale:** Per the California (CA) MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for years and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350 mg #90 is not medically necessary.

**Ambien CR 12.6 #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien).

**Decision rationale:** California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short acting, non-benzodiazepine hypnotic, which is recommended for short-term use (7-10 days), for the treatment of insomnia. Sleep aides and anti-anxiety medications are habit forming and intended for short term use. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components of insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Furthermore, the injured worker has been on Ambien for several years. In addition, the dose of ambien (zolpidem) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. The dose requested is in excess of that recommended by the guidelines for this female injured worker. For these reasons, Ambien 10mg # 30 is not medically necessary.