

Case Number:	CM15-0121804		
Date Assigned:	07/02/2015	Date of Injury:	04/21/2002
Decision Date:	08/19/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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, Hawaii
 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 (age not listed) female with an industrial injury dated 04/21/2002. Her diagnoses included cervical strain, thoracic strain, lumbar strain and gluteal strain. Prior treatment included acupuncture and medications. The most recent progress note is dated 05/20/2015 and is difficult to decipher. According to the document, the pain is constant and is rated as 7-8/10. Pain is rated as 10/10 if she coughs or sneezes. Acupuncture had been helping. Objective findings are not documented. Treatment request is for Fiorinal 50/325 mg #120, Soma 350 mg #120 and Zolpidem 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with cervical, thoracic, lumbar, and gluteal strain. The current request is for Soma 350mg #120. The treating physician states, in a report dated 05/20/15, "Soma 350mg #120." (23B) The MTUS guidelines state, "Not recommended... This medication is not indicated for long-term use. Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs." In this case, the treating physician has not prescribed this medication for short-term usage and the MTUS guidelines do not support chronic usage of Soma. The current request is not medically necessary.

Zolpidem 10mg #30: 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 Zolpidem (Ambien®).

Decision rationale: The patient presents with cervical, thoracic, lumbar, and gluteal strain. The current request is for Zolpidem 10mg #30. The treating physician states, in a report dated 05/20/15, "Zolpidem 10mg #30." (23B) The MTUS guidelines are silent on the matter of Zolpidem. The ODG guidelines state, "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)." In this case, the treating physician has prescribed Zolpidem for a duration that is not supported by MTUS. The current request is not medically necessary.

Fiorinal 50/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The patient presents with cervical, thoracic, lumbar, and gluteal strain. The current request is for Fiorinal 50/325mg #120. The treating physician states, in a report dated 05/20/15, "Fiorinal 50/325mg #120." (23B) The MTUS guidelines state, "Not recommended for chronic pain... The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy." In this case, the treating physician has prescribed Fiorinal which is not supported by MTUS. The current request is not medically necessary.