

Case Number:	CM15-0125626		
Date Assigned:	07/07/2015	Date of Injury:	04/08/2004
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old male, who sustained an industrial injury on 4/8/04. The diagnoses have included cervical spine disc bulge and lumbar spine disc bulge. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, pain management and other modalities. Currently, as per the physician progress note dated 5/27/15, the injured worker complains of neck and low back pain. The physical exam of the cervical spine reveals spasm in the posterior neck, pain with motion that radiates to the right upper extremity, and tenderness on palpation. The cervical range of motion is decreased with extension, lateral bend to the right, lateral bend to the left, rotation to the right and rotation to the left. The lumbar exam reveals spasm, pain with range of motion that radiates to the left lower extremity (LLE), and point tenderness to palpation in the lower lumbar region. The range of motion is decreased in all planes. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Ambien, Anaprox, Soma, Duragesic patches and Percocet. The urine drug screen dated 3/13/15 is consistent with the medications prescribed. The work status is permanent and stationary. The physician requested treatments included Retro Ambien 5mg #60 and Retro Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The medical records do not indicate how long Soma has been in use. As this medication is not recommended by MTUS, it is not medically necessary.

Retro Ambien 5mg #60: 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), Pain.

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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." The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. Per the medical records, the injured worker has been dispensed Ambien from 2/2015 to 5/2015. As Ambien is only recommended for 2-6 weeks, the request is not medically necessary.