MAXIMUS Federal Services

Case Number:	CM15-0173263		
Date Assigned:	09/15/2015	Date of Injury:	04/18/2014
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male, who sustained an industrial injury on 4-18-14. The injured worker was diagnosed as having lumbar spinal stenosis; degenerative disc disease - lumbar. Treatment to date has included physical therapy; aquatic therapy; lumbar epidural steroid injections; medications. Currently, the PR-2 notes dated 6-29-15 are hand written and difficult to decipher. The notes indicated the injured worker complains of continued low back pain. The provider notes the surgery has been scheduled by the surgeon. He notes the lumbar spine is tender to palpation with decreased range of motion. The injured worker has been diagnosed with lumbar spinal stenosis and degenerative disc disease. He also was diagnosed with myelodysplasia syndrome. The injured worker will proceed with surgery scheduled for 8-13 and 8-14, 2014. The injured worker is to receive a transfusion on 8-12-15. The treatment plan includes medications Norco, Soma, Gabapentin and Ambien. The provider has submitted an operative report dated 8-12-15 indicating the injured worker had a staged procedure for an Anterior L3-L4 and L4-L5 discectomy, anterior interbody fusion L4-L5 with interbody cage and Magnafuse Progenix, L3-L4 and L4-L5 interbody cage internal fixation, L3-L4 interbody cage fixation. On 8-13-15, the injured worker had a Muscle sparing anterior abdominal extraperitoneal approach for anterior lumbar interbody fusion of L3-L4 and L4-L5; mobilization of left iliac artery and aorta, mobilization of the left iliac vein, ligation of ileolumbar vein and exposure of the anterior surface of the spine at L3-L4 and L4-L5. A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-11-15 and non-certification was for Soma 350mg quantity 60 and Ambien 5mg quantity 30. The requested medications were denied for not meeting the CA MTUS guidelines. There are no notes that describe when these medications were first initiated for this injured worker. The provider is requesting authorization of Soma 350mg quantity 60 and Ambien 5mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in April 2014 and is being treated for low back pain with a prior history of a lumbar fusion in 2013. When seen, a revision lumbar fusion was being planned. There was continued low back pain. Physical examination findings include positive straight leg raising with lumbar tenderness and decreased om. There was first toe extension weakness. Medications including Soma and Ambien were prescribed. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.

Ambien 5mg quantity 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, Treatment in Workers' Compensation, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in April 2014 and is being treated for low back pain with a prior history of a lumbar fusion in 2013. When seen, a revision lumbar fusion was being planned. There was continued low back pain. Physical examination findings include positive straight leg raising with lumbar tenderness and decreased om. There was first toe extension weakness. Medications including Soma and Ambien were prescribed. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or

secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien was not medically necessary.