

<b>Case Number:</b>	CM15-0175664		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, Illinois

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 44 year old male who sustained an industrial injury on 7-6-11. A review of the medical records indicates he is undergoing treatment for lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, neuralgia, neuritis and radiculitis, and lumbago. Medical records (1-16-15 to 7-22-15) indicate ongoing complaints of low back pain. No radiation of the pain is noted. He reports his pain is in the right lower back and is aggravated with movement. Relief is noted with rest. The records (1-16-15 to 7-22-15) indicate "no change in either the nature or the quality of pain." He reports the pain limits his activity of daily function, decreasing his quality of life. The 7-22-15 record indicates that he is "back working full duties and reportedly doing well with some intermittent exacerbation of chronic low back pain." The same record indicates he "is currently not working." The physical exam (7-22-15) reveals full strength in bilateral lower extremities with "2+" reflexes bilaterally. The sensory exam is noted to be "intact". Tenderness to palpation is noted of the lumbar paraspinals. Decreased active and passive range of motion is noted of the lumbar spine. Facet loading test is negative. Diagnostic studies have included urine drug screening on 7-22-15, showing positive for Hydrocodone and Carisoprodol, and an MRI of the lumbar spine. Treatment has included physical therapy, an L4-5 interlumbal epidural steroid injection on 3-6-15, and right L4-5, L5-S1 transforaminal epidural steroid injections on 1-17-14 and 10-11-14, trigger point injections, as well as medications. Previous medications tried include Percocet, Percodan, OxyContin, and Diclofenac. His current (7-22-15) medications include Soma 350mg every 4-6 hours as needed for pain, Celebrex 200mg daily as needed, Norco 7.5-325 every 4-6 hours as needed for pain,

and Ambien CR 12.5mg 1 ½ tablets daily as needed. He has been receiving Soma and Ambien since, at least, 11-7-14. The treatment recommendations include medial branch nerve blocks and/or facet joint steroid injections, continuation of Ambien, Soma, and Norco, as well as an x-ray of the lumbar spine. The utilization review (8-10-15) indicates denial of the requests for Ambien CR, Soma, and the medial branch nerve block of right and left L3, 4, and 5.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ambien CR 12.5mg #45: 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, Ambien.

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

**Decision rationale:** The injured worker sustained a work related injury on 7-6-11. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, neuralgia, neuritis and radiculitis, and lumbago. Treatments have included physical therapy, an L4-5 interlumbar epidural steroid injection on 3-6-15, and right L4-5, L5-S1 transforaminal epidural steroid injections on 1-17-14 and 10-11-14, trigger point injections, as well as medications. The medical records provided for review do not indicate a medical necessity for: Ambien CR 12.5mg #45. Ambien (zolpidem tartrate) is a non-benzoprine sedative hypnotic. The MTUS is silent on it but the Official Disability Guidelines recommends it for the short-term (usually two to six weeks) treatment of insomnia. The records indicate the injured worker has used it for several months. The request is not medically necessary.

#### **Soma 350mg #120: 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): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 7-6-11. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, neuralgia, neuritis and radiculitis, and lumbago. Treatments have included physical therapy, an L4-5 interlumbar epidural steroid injection on 3-6-15, and right L4-5, L5-S1 transforaminal epidural steroid injections on 1-17-14 and 10-11-14, trigger point injections, as well as medications. The medical records provided for review do not indicate a medical necessity for: Soma 350mg #120. Soma (carisoprodol) is a muscle relaxant that is recommended to be used for no is recommended for longer than a 2 to 3 week period. The records indicate the injured worker has used it for several months. Therefore the request is not medically necessary.

**Right and left lumbar 3, 4, 5 medial branch nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Medial branch blocks, Facet joint intra-articular injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The injured worker sustained a work related injury on 7-6-11. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, neuralgia, neuritis and radiculitis, and lumbago. Treatments have included physical therapy, an L4-5 interlumbar epidural steroid injection on 3-6-15, and right L4-5, L5-S1 transforaminal epidural steroid injections on 1-17-14 and 10-11-14, trigger point injections, as well as medications. The medical records provided for review do not indicate a medical necessity for Right and left lumbar 3, 4, 5 medial branch nerve block. The request does not specify whether this is diagnostic or therapeutic, but neither the MTUS nor the Official Disability Guidelines recommends Facet joint medial branch blocks (therapeutic injections). The request is not medically necessary.