

<b>Case Number:</b>	CM15-0178190		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 42 year old female, who sustained an industrial injury on 10-10-07. The injured worker has complaints of pain along the lower back. The injured worker states that her pain level can fluctuate depending on her activity level and the type of activity. The injured worker reports the pain occurs constantly and has muscle spasms. There is 1-2+ muscle spasm in her upper back, shoulders and neck. The diagnoses have included lumbar and lumbosacral fusion of the anterior column, posterior technique; disc disorder lumbar; radiculopathy; cervical facet syndrome; depression with anxiety and myalgia and myositis not otherwise specified. Treatment to date has included cognitive behavioral therapy; L5-S1 (sacroiliac) fusion and bilateral carpal tunnel release surgeries; S1 (sacroiliac) joint injection; acupuncture with good results; chiropractic treatment with good results; massage therapy with good results; medications management including nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, adjunctive medications and or opiate treatment trails or on with varying degrees of improvement of her condition and physical therapy with good results. The injured worker is on soma; acetaminophen; ambien; dilaudid; gabapentin; prilosec; buspirone; bupropion and pamelor. The original utilization review (8-24-15) non-certified the request for soma 350mg #90 with one refill; acetaminophen 500mg #90 with one refill and ambien 10mg #30 with one refill. The request for gabapentin 800mg #90 with one refill has been modified to gabapentin 800mg #30 between 8-19-15 and 8-19-16.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 with 1 refill:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this injured worker, no reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Medical necessity for the requested medication has not been established.

**Acetaminophen 500mg #90 with 1 refill:** Upheld

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

**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-- Acetaminophen.

**Decision rationale:** Acetaminophen is recommended for treatment of acute pain, chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. There is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of this medication. Also review of Medical Records do not indicate that in this injured worker, previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established.

**Ambien 10mg #30 with 1 refill:** 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 (Chronic), Zolpidem.

**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-- Insomnia Treatment.

**Decision rationale:** The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. In this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use or a diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien, and continuation for long time does not comply with the recommended guidelines. Therefore, based on Guidelines and submitted medical records, the request for Ambien is not medically necessary.

**Gabapentin 800mg #90 with 1 refill:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the CA MTUS (2009) guidelines, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain and can be used for treatment of painful diabetic neuropathy and post-herpetic neuralgia. The documentation submitted shows that the injured worker was prescribed Gabapentin since at least 02/09/2015. The indication for use was not discussed and the medical documentation submitted is minimal. The most recent progress note mentions abdominal tenderness but otherwise the examination was essentially unrevealing. There was no documentation that the injured worker was currently experiencing neuropathic pain or was diagnosed with diabetic neuropathy or post-herpetic neuralgia. There was also no documentation as to whether this medication resulted in any significant pain reduction or functional improvement. Therefore, the requested treatment: Gabapentin 800mg #90 with 1 refill is not medically necessary.