

<b>Case Number:</b>	CM15-0063306		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: New York

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 (IW) is a 55-year-old male who sustained an industrial injury on 08/23/2002. The mechanism of injury was the injured worker was team driving and was asleep in the sleeper of the truck when his partner went off of an embankment and rolled the truck 3 or 4 times. Diagnoses include cervical and lumbar spine radiculopathy and left shoulder rotator cuff syndrome. Treatment to date has included medications, TENS unit, shoulder injections, right shoulder and low back surgery, epidural injections, facet nerve blocks, psychiatric treatment and physical therapy. Diagnostics performed to date included ophthalmology exam, x-rays, CT scan of the head, MRIs and EMG/NCS. According to the progress notes dated 2/23/15, the IW reported continued neck pain and soreness that radiated into the arms at times and low back pain rated 8/10. A request was made for Valium 10mg #30, Soma 350mg #120, Ambien 10mg #30 and Vicodin 7.5/300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Valium 10 mg thirty count is not medically necessary.

**Soma 350 mg, 120 count:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The injured worker had utilized the medication for an extended duration of time and as such, this medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg 120 count is not medically necessary.

**Ambien 10 mg, thirty count:** Upheld

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

**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.

**Decision rationale:** The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for insomnia. However, this medication is not intended for long term use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg thirty count is not medically necessary.

**Vicodin 7.5/300 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vicodin 7.5/300 mg thirty count is not medically necessary.