

<b>Case Number:</b>	CM15-0065104		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 09/15/2006. He has reported injury to the low back. The diagnoses have included lumbar sprain and strain; and post-laminectomy syndrome of the lumbar spine. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, injections, physical therapy, spinal cord stimulator, and surgical intervention. Medications have included Percocet, Neurontin, Naproxen, and Soma. A progress note from the treating physician, dated 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe and constant low back pain as well as ongoing bilateral leg pain; symptoms are unchanged; and he endorses 50% pain relief from current medications. Objective findings included antalgic gait; positive straight leg raise on the right and left; diffuse pain to palpation of the majority of the mid to lower lumbar spine; and limited and painful range of motion of the lumbar spine. The treatment plan has included the request for Soma 350 mg, #60 with 3 refills; and Ambien 10 mg, #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 92; 78-80; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to soma to justify use. The medical necessity of soma is not substantiated in the records. Therefore the requested treatment is not medically necessary.

**Ambien 10mg, #30 with 3 refills:** 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, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.