

Case Number:	CM13-0043759		
Date Assigned:	02/05/2014	Date of Injury:	12/03/2007
Decision Date:	02/19/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 years old female patient who sustained an injury on 12/03/2007. The current diagnoses include right cervical facet joint pain at C2-C3 and C3-C4 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided right C2-C3 and right C3-C4 facet joint medial branch block, cervical facet joint arthropathy, bilateral upper extremity repetitive stress injury, cervical brachial syndrome, thoracic outlet syndrome, upper extremity sprain/strain, upper extremity tendinitis and degenerative joint disease, asthma and depression. Per the doctor's note dated 10/22/2013, she had complaints of pain in the forearms, wrists, and hands with numbness and paresthesias. The physical examination revealed cervical and upper extremity ranges of motion restricted by pain in all directions, positive cervical facet joint and upper extremity provocative maneuvers, worse cervical extension than cervical flexion, tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-C3, C3-C4, and C4-C5 facet joints, negative nerve root tension signs negative bilaterally, symmetric muscle stretch reflexes bilaterally in all limbs except for positive cervical and upper extremity muscle spasms, 5/5 muscle strength in all limbs except for cervical and upper extremity spasms. The medications list includes Allegra D, Nasacort AQ, Wellbutrin, Soma 350 mg, Percocet 10/325 mg, Ambien CR 12.5 mg, Celexa, Voltaren gel, guaifenesin, oxycodone and Zipsor 25 mg. She has undergone cervical radiofrequency nerve ablation on 4/25/2013. She has had urine drug screen on 7/25/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5 CR 1 TAB, PO QHS PRN sleep #30 with 2 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 (updated 10/06/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain (updated 02/09/15), Zolpidem (Ambien ®).

Decision rationale: Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 12.5 CR 1 Tab, PO QHS PRN sleep #30 with 2 refills is not fully established for this patient at this time. Therefore the request is not medically necessary.

Carisoprodol 350mg Q 8 hours PRN Spasm #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain), Page(s): 29; 64.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented

improvement in function is not fully established. Response to pain and spasm with and without medication is not specified in the records provided. The medical necessity of Carisoprodol 350mg q 8 hours PRN Spasm #90 with 1 refill is not established in this patient. Therefore the request is not medically necessary.