

<b>Case Number:</b>	CM13-0006981		
<b>Date Assigned:</b>	09/04/2013	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 42-year-old male who reported an injury on 09/27/2004 due to an attempt to prevent a fall when the patient's right ankle twisted. The patient underwent an anterior and posterior lumbar spine fusion at the L5-S1 level. A CT scan revealed a well-healed lumbar interbody fusion at L5-S1 without evidence of hardware failure, loosening or infection and a broad-based disc bulge at L4-5. The patient complained of chronic low back pain that had increased over the past few months. Physical findings included spasm and tenderness to palpation at the lumbar spine with limited range of motion secondary to significant pain. The patient had a positive LasA"gue's sign to the right and a positive straight leg raise test on the right with motor weakness rated at a 4/5. The patient's diagnoses included status post lumbar fusion, lumbar discogenic disease, chronic low back pain, major depressive disorder and sleep disturbance. The patient's treatment plan included continuation of medications. The patient was also prescribed Intermezzo as needed for nighttime awakening, Cymbalta and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The employee continues to have significant pain complaints related to the lumbar spine. The California Medical Treatment Utilization Schedule states that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia; used off-label for neuropathic pain and radiculopathy." The clinical documentation submitted for review does indicate that the employee has complaints of radiculopathy and is diagnosed with major depressive disorder. However, the California Medical Treatment Utilization Schedule also recommends that continued use of medication for chronic pain be supported by documented functional benefit. The clinical documentation submitted for review does not provide any recent increased functional benefit as a result of this medication. Additionally, the request does not include a specified quantity. Therefore, a duration to establish efficacy and reassessment of this medication cannot be determined

**Restoril 30mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The employee is diagnosed with major depressive disorder and sleep disturbances. The employee has ongoing severe pain complaints of the lumbar region. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines in the management of chronic pain patients. The California Medical Treatment Utilization Schedule states, "Most guidelines limit use to 4 weeks." The clinical documentation submitted for review does provide evidence that the employee has been taking his medication for an extended duration. Additionally, there was no indication of increased functional benefit to support the efficacy of this medication and establish a need for continued use. Additionally, the request does not include a quantity of Restoril 30 mg. Therefore, the intended duration cannot be established

**Intermezzo 3.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem; and the following website: [www.rxlist.com/intermezzo-drug.htm](http://www.rxlist.com/intermezzo-drug.htm).

**Decision rationale:** The employee is diagnosed with sleep disturbances. The Official Disability Guidelines do not recommend the long-term use of zolpidem. Intermezzo 3.5 mg is a sublingual variation of zolpidem. The clinical documentation submitted for review does provide evidence that the employee is prescribed this medication for nighttime awakening that is followed by difficulty returning to sleep. An online resource, RxList, does support that this is an indication for the use of this medication. However, long-term use of this medication is not supported by

guideline recommendations. Additionally, there is no functional benefit documented in the recent documentation to support the continued use of this medication. Also, the request does not include a quantity. Therefore, an appropriate assessment of the efficacy of this medication cannot be