

<b>Case Number:</b>	CM13-0014742		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	08/21/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year-old female with a date of injury of 08/21/2004. The listed diagnosis per [REDACTED] dated 07/15/2013 are cervicalgia, lumbago, joint pain - pelvis and chronic pain syndrome. According to report dated 07/15/2013 by [REDACTED], the patient presents with continued pain symptoms to the low back and right hip. The patient notes that stress continues to exasperate her pain symptoms. It was noted that pain psychology sessions were requested on 01/28/2013 and subsequently denied by the carrier based on lack of sufficient information. The provider states appeal was provided, but this resource was again denied. The provider states the patient has never had the opportunity to undergo 1-on-1 pain psychology in the course of treatment of her industrial injury. The provider is requesting pain psychology 1 to 2 times per week for a total of 6 sessions. The patient's current medication regimen includes Ambien, Percocet, Amitriptyline, Cymbalta, Flexeril, and Lexapro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10MG, #20 WITH ONE REFILL (TAKE 1 TAB AT BEDTIME AS NEEDED FOR SLEEP):** 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), Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

**Decision rationale:** The patient presents with continued pain in the low back and right hip. The patient also complains of stress. The provider is requesting Ambien. The California MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has been prescribed Ambien since 04/22/2013. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.

**FLEXERIL 10MG, #30 WITH 2 REFILLS (TAKE 1 TAB 1-3 TIMES DAILY AS NEEDED):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** This patient presents with continued complaints of persistent low back and right hip pain. The patient also complains of stress. The provider is requesting Flexeril 10 mg #30 with 2 refills. The MTUS Guidelines page 63, regarding muscle relaxants, states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence." In this case, medical records indicate that patient has been prescribed Flexeril since 04/22/2013. In addition, the provider is requesting #30 with 2 refills. Muscle relaxants are recommended for short-term use. Recommendation is for denial.

**PAIN PSYCHOLOGY 1-2 TIMES PER WEEK QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23.

**Decision rationale:** This patient presents with continued persistent pain of the low back and right hip. The patient also complains of stress and the provider is requesting pain psychology 1 to 2 times per week, total of 6 sessions. MTUS guidelines support psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS recommends initial trial of 3-4 psychotherapy visits over 2 weeks and additional visits for total of 6-10 visits with functional improvement. The current request for 6 sessions exceeds what is allowed per MTUS for initial trial of 3-4 visits. Recommendation is for denial.

