

<b>Case Number:</b>	CM13-0019517		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Family Medicine, has a subspecialty in Pain 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 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 is a 59 yr. old female sustained an injury on 2/3/05 resulting in a lower back, neck, shoulder and bilateral wrists injury. She had a diagnoses of cervical stenosis, carpal tunnel and sleeping difficulties secondary to pain. Her pain was managed by Gabapentin, Flexeril, Celebrex and Trazodone since 2012. She had been using Ambien for sleep since 2012. A progress note on 5/28/13 indicated she had still been on Flexeril and Ambien. Her pain continued to be 7/10 globally. Examination showed palpatory tenderness in the lumbar spine and hypesthesias in the C6-C& region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5 MG #30:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Medications Section

**Decision rationale:** In this case, the claimant had been on Ambien for more than 2 years without any sleep work up and documentation of response per the documentation submitted for review. Based on the guidelines, Ambien is not medically necessary.

**FLEXERIL 10MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. Based on the guidelines and prolonged use of Flexeril in this case, continued use is not medically necessary.