

<b>Case Number:</b>	CM13-0030281		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/16/2004
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational 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. 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:

The patient is a 46 year old injured worker with a date of injury of February 16, 2004. The patient has chronic low back pain with radiation to the lower extremity, neck pain and headaches. The patient had a lumbar fusion in 2008 and a spinal cord stimulator implanted in 2009. The patient uses a cane to walk, as a positive bilateral straight leg raise, tenderness over the cervical facet and positive cervical orthopedic testing. The patient has had epidural steroid injections, radiofrequency ablation of cervical facets, physical therapy, medications, surgery and spinal cord stimulation. The patient has been taking cyclobenzaprine since 2/2013 and Ambien since at least April 2013. There is no indication the patient has any primary insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cyclobenzaprine 10mg, quantity 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, states that Flexeril should only be used for a short course of therapy. The MTUS guidelines indicates

that this medication is most effective in the first four days of treatment. Based on the medical records provided for review the patient has been taking this medication for an extended period of time, greater than the two to three weeks recommended. In addition, there is no documentation of functional benefit for this medication. The request for 1 prescription of Cyclobenzaprine 10mg, quantity 90, is not medically necessary and appropriate.

**1 prescription of Ambien 5mg quantity 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, Pain (Acute and Chronic).

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

**Decision rationale:** The California MTUS does not discuss Ambien; therefore the Official Disability Guidelines (ODG) was referenced. ODG only recommends Ambien for short term use (2-6 weeks). This patient has been on this medication for well over a year. There is no indication of a primary sleep disturbance. Ambien also has a potential to cause depression, a condition this patient suffers from. The request for 1 prescription of Ambien 5mg, quantity 30, is not medically necessary and appropriate.