

Case Number:	CM13-0034714		
Date Assigned:	12/11/2013	Date of Injury:	06/19/2008
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pulmonary Diseases, 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 63-year-old male who reported a cumulative trauma injury on 6/19/08. The patient was noted to be taking Flexeril 10mg and Ambien 10mg since 6/26/12. It was noted that the medications allow the patient to remain functional and active, and to carry out activities of daily living without struggling, and with decreased pain. The patient was noted to have persistent neck and low back pain and bilateral hip pain. The patient's diagnoses include neck pain and low back pain, as well as bilateral hip pain and upper back pain. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flexeril 10mg: 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, 64.

Decision rationale: The California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest, and comes at the price of greater

adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review indicated that the patient's medications allowed the patient to remain functional and active, and to carry out activities of daily living without struggling, and with decreased pain. The clinical documentation submitted for review fails to provide objective documentation of the efficacy of the requested medication, and there is a lack of documentation for the necessity of treatment for longer than 2-3 weeks. There is a lack of an objective physical examination indicating the patient had muscle spasms that would respond to Flexeril. Additionally, the patient was noted to be taking the medication since 6/26/12, when it is recommended for no longer than 2-3 weeks of use. Given the above, the request is not medically necessary.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines indicate that Ambien is for the short-term treatment of insomnia, generally 2-6 weeks. The clinical documentation submitted for review indicated the patient had been on Ambien since 6/26/12, and failed to indicate the necessity for continued treatment. There was a lack of documentation of the efficacy of the requested medication. Given the above and the lack of documentation, the request is not medically necessary.