

<b>Case Number:</b>	CM13-0042557		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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, has a subspecialty in 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 30-year-old female who reported a cumulative trauma on 09/10/2009 to 09/10/2010. Appeal utilization review denial dated 09/05/2013 reports the patient diagnoses included cervical hyperextension, hyperflexion, mild cervical discopathy, lumbar hyperextension/hyperflexion, lumbar discopathy, bilateral shoulder impingement, bilateral upper extremity overuse tendonitis, anxiety and depression, gastrointestinal disturbances, and sleep disturbance. It is stated that the patient continued to have persistent complaints of low back pain, and reported that she had 6 sessions of active therapy which had been beneficial. There was significant spasms and tenderness noted to the lumbar spine upon examination. Sciatic stretch was noted to be positive. There was also limited range of motion with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ambien 10mg, (thru express scripts 800-945-5991): Upheld**

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

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

**Decision rationale:** Per Official Disability Guidelines, Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short-term treatment of insomnia. The timeframe is usually 2 to 6 weeks of use. Sleeping pills or so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely if ever, recommend them for long-term use. The requested medication can be habit forming, and they may impair function and memory more than opioid pain relievers. Per guidelines, the requested medication may increase the patient's functional impairment, and become habit forming. FDA now requires lower doses of Zolpidem. It is stated in Official Disability Guidelines, that the dose of zolpidem for women should be lowered from 10 mg to 5 mg. As such, the request for 30 tablets of Ambien 10mg is not medically necessary, therefore, the request is non-certified.

**60 Tramadol 50mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Tramadol has been suggested as a second line treatment. There is little limited assessment of effectiveness of opioids for neuropathic pain with short-term studies showing contradictory results. Chronic Pain Medical Treatment Guidelines, it also is stated that with ongoing pain management with opioids, it is required that there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no clinical documentation of the patient's functional levels pre and post the receipt of the requested medication. There is also no documentation of the patient's specific pain levels on the Visual Analog Scale that would give us a baseline with which to determine if the requested medication is in effective. Therefore, the medical necessity for the Tramadol 50 mg cannot be determined at this time and the request for 60 Tramadol 50 mg through express scripts is not certified

**60 Cyclobenzaprine 7.5mg, (thru express scripts 800-945-5951): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, the requested medication is recommended for a short course of therapy. There is limited mixed evidence that does not allow for the recommendation for chronic use of this medication. It is also stated that muscle relaxants show no benefit beyond NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) in pain and overall improvement. The requested medication is not recommended to be used for longer than 2 to 3 weeks. There is also no documentation of any failed attempts at the use of NSAIDs to treat the patient's pain as well. The patient is currently taking Naproxen without any adverse reactions.

The requested amount of the medication and the dosage of the medication exceed what is recommended by Chronic Pain Medical Treatment Guidelines. 60 tablets would exceed the amount that is required for a 2 to 3 week time period which is the recommended length of time for which this medication should be taken. As such, the medical necessity for Cyclobenzaprine cannot be determined at this time and the request for 60 tablets of Cyclobenzaprine 7.5 mg is non-certified

### **1 Urine Drug Screen:**

**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 Chronic Pain Medical Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** In reference to 1 urine drug screen, it is not medically necessary. Chronic Pain Medical Treatment Guidelines with ongoing pain management, urine drug screen are recommended for issues of abuse or indication of addiction, or poor pain control. There was no clinical documentation provided in the medical record that was suggestive that the patient had any indications of abuse, or addiction. It is suggested by guidelines when undergoing ongoing pain management with uploads that the patient has periodic urine drug screens. However, in this case, the patient had undergone 3 previous urine drug screens, 1 on 03/22/2013, 1 on 05/24/2013, and the other on 06/17/2013. There was no documentation or evidence of any misuse on the patient's behalf. Therefore, the request for urine drug screen is not medically necessary and the request is non-certified.