

<b>Case Number:</b>	CM13-0049512		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine & 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 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 53 year old male with date of injury 04/23/07. According to progress report dated 09/30/13 by [REDACTED], patient complains of mid back and low back pain. The back pain affects his activities of daily living including sitting, standing, walking, etc. The pain medication is helpful and allows him to continue his activities of daily living. Objective findings show slight tenderness and spasm is noted from T2 to T6 of the parathoracic muscles.. Spurling's sign is positive to the right producing right scapular pain. Straight left raise is positive bilaterally. The treater is requesting Flexeril 10mg and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**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 Muscle Relaxants Page(s): 64.

**Decision rationale:** This patient presents with chronic back pain. The treater is requesting Flexeril 10mg for muscle spasms, low back pain and radicular symptoms. MTUS guidelines

recommend muscle relaxants for short-term use. Review of medical records from 01/30/13 to 09/30/13 show the patient has a long history of Flexeril use. MTUS does not recommend Flexeril for long-term use.

**Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic pain in the neck and upper extremities with history of 2 prior neck surgeries. The patient has concomitant insomnia issues and the treating physician has recommended using Ambien 10 mg at nighttime. MTUS Guidelines do not discuss Ambien, but ODG Guidelines states that Ambien is recommended for short-term use only. In this patient, the prescription is for 10 mg 1 at nighttime and the patient is prescribed #30. This appears for longer than 1 or 2 weeks recommended for the use of the Ambien.