

<b>Case Number:</b>	CM13-0050310		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/06/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	09/26/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal 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:

The patient is a 60-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of October 6, 2007. Medical records from 2013 were reviewed. The patient complained of neck pain and left shoulder pain. This was accompanied by poor sleep quality. Physical examination showed limitation of motion of the cervical spine and left shoulder; tenderness of the cervical paravertebral muscles and trapezius, tight muscle band at the left trapezius, neck pain without radicular symptoms on Spurling's maneuver, and decreased light touch sensation over the left forearm. The diagnoses were cervical pain, cervical radiculopathy, and cervical disc disorder. Treatment to date has included oral analgesics, muscle relaxants, home exercises, heat/cold modalities, TENS, cervical epidural steroid injection, and cervical trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Stress & Mental Illness Chapter.

**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:** The California MTUS does not specifically address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states that Ambien (zolpidem) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, zolpidem intake was noted as far back as March 2013 for poor sleep quality. However, there was no evidence of overall functional improvement derived from its use. Moreover, the patient's sleep pattern was not discussed. There was also no evidence of failure of sleep hygiene techniques to manage sleep problem. The guideline does not support long-term use of this medication. The medical necessity has not been established. There was no clear indication for its continued use. In addition, the request did not specify number of medication to dispense. Therefore, the request is not medically necessary.

**CYCLOBENZAPRINE 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to pages 41- 42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, cyclobenzaprine intake was noted as far back as March 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Moreover, muscle spasm and acute exacerbation of pain were not evident in the records submitted. Long-term use is also not recommended. The medical necessity for continued use has not been established. In addition, the request did not specify number of medication to dispense. Therefore, the request is not medically necessary.