

<b>Case Number:</b>	CM13-0057210		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/21/1992
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 21, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications, muscle relaxants; sleep aids; and a lumbar support. In a Utilization Review Report of November 4, 2013, the claims administrator apparently denied a request for Ambien, Flexeril, and Paxil. It was stated, somewhat incongruously, that "the history in documentation supports the continuation of Paxil at this time but the specific indications for its use are not clearly described." The applicant's attorney subsequently appealed. In a clinical progress note of November 5, 2013, the applicant presents with persistent multifocal pain complaints and chronic low back pain. The applicant states that ongoing usage of medications has ameliorated her ability to drive, walk, grocery shop, perform household tasks, and sleep. She is having difficulty sleeping without the pain medications, it is stated, which have reportedly been denied by the claims administrator. The applicant has a BMI of 26. She has limited lumbar range of motion secondary to pain. Norco and OxyContin are renewed. The applicant's complete medication list includes Ambien, Flexeril, Norco, and OxyContin. In a secondary treating physician's progress note of November 5, 2013, there is no mention of depression on this progress note. In an earlier progress note of October 21, 2013, it is stated that the applicant is using all of her medications judiciously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5MG #30 WITH 5 REFILLS:** Upheld

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

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

**Decision rationale:** The MTUS does not address the topic. However, as noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is recommended only in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled purpose which it is being proposed here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on Independent Medical Review.

**FLEXERIL 10MG WITH 3 REFILLS:** 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 Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is in fact using numerous other analgesic, adjuvant, psychotropic medications, including Norco, OxyContin, Ambien, Paxil, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.

**PAXIL 40MG #30 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines SSRIs Page(s): 16.

**Decision rationale:** While page 402 of the MTUS-adopted ACOEM Guidelines in Chapter 15 do support usage of antidepressants in the treatment of depression, in this case, it is not clearly stated that the applicant is in fact suffering from issues related to depression or anxiety for which ongoing usage of Paxil would be indicated. It is further noted that page 16 of the MTUS Chronic Pain Medical Treatment Guidelines states that SSRIs such as Paxil are somewhat controversial in the treatment of chronic pain and that the main role of SSRIs is in addressing psychological

symptoms associated with chronic pain. In this case, again, the attending provider has simply renewed Paxil on numerous occasions throughout 2013 and has failed to state for what purpose it is being used. The attending provider has also failed to clearly establish the presence or absence of functional improvement through ongoing usage of Paxil. Therefore, the request is not certified, on Independent Medical Review.