

<b>Case Number:</b>	CM13-0061328		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and Rehabilitation, 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:

This 58 year-old male sustained an injury from a motor vehicle accident on 6/14/12 while employed by [REDACTED]. Request under consideration include Ambien 10 mg QTY (10), Celebrex 200 mg QTY (30), and Flexeril 10mg (QTY 60). Report of 11/13/13 from provider noted patient with low back pain rated at 4-5/10 on VAS. Medication lists Flexeril, Celebrex, Ambien, Gabapentin, Amlodipine, Ativan, and Tylenol ES. Exam showed slowed gait; tenderness at cervical and lumbar spine; restricted range of motion; muscle spasm and tight muscle band; negative SLR; heel and toe walking normal; motor exam intact throughout with left knee extensors and ankle flexor of 5-/5. Diagnoses included lumbar radiculopathy, low back pain, cervical pain, s/p L5-S1 microdiscectomy on 3/7/13. Treatment for medications above was non-certified on 11/23/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Ambien 10mg QTY: 10:** 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) web version Pain

**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, Pages 877-878

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly, can be habit-forming, and may impair function and memory more than opioids. Long-term use may also lead to depression and increase pain (limiting its use usually from two to six weeks) in the treatment of acute insomnia. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Ambien 10 mg QTY (10) is not medically necessary and appropriate.

**The request for Celebrex 200mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2012 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Celebrex 200 mg QTY (30) is not medically necessary and appropriate.

**Flexeril 10mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its

previous treatment to support further use. The Flexeril 10 mg QTY: 60 is not medically necessary and appropriate.