

Case Number:	CM13-0061859		
Date Assigned:	06/09/2014	Date of Injury:	08/16/2008
Decision Date:	07/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old male who injured his lower back on 8/16/08. He was diagnosed with lumbosacral radiculopathy, lumbar spinal stenosis, multiple lumbar disc protrusions (based on MRI), lumbar sprain/strain, and insomnia (related to chronic pain). He was treated with conservative treatments including sleep aids, muscle relaxants, and opioids. On 11/12/13 he was seen by his primary treating physician complaining of bilateral lower back pain that radiated to both thighs and calves. He was taking zolpidem, Percocet, and ibuprofen at the time. Physical examination revealed restricted lumbar range of motion, positive lumbar discogenic provocative maneuvers, slightly weakened right extensor hallucis longus, right tibialis anterior, and right gastrosoleus muscles. He was recommended he continue his then current medications and added on baclofen as needed for his lumbar spasm. A review of progress notes from visits before 11/12/13 with the same provider showed similar subjective and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG, #30 AND 1 REFILL: 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), Mental Illness section, sedative hypnotics AND Pain section, zolpidem.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 3 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been using this sleep aid chronically, which is not recommended per the MTUS guidelines, therefore the Zolpidem 10mg, #30 with one refill is not medically necessary and appropriate.

BACLOFEN 10MG, #60: 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): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Baclofen is typically used for spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, and should be weaned to prevent withdrawal when discontinuing. In this case the worker was given baclofen for the intention to treat his back pain for the short term, but there was no evidence seen in the documents provided suggesting the worker had an acute exacerbation of his chronic pain in order to warrant its short-term use. Therefore, the baclofen 10mg, #60 is not medically necessary and appropriate.