

<b>Case Number:</b>	CM13-0063618		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/09/1976
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 9, 1976. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; cervical fusion surgery; and sleep aids. In a utilization review report of November 27, 2013, the claims administrator retrospectively denied a request for Cyclobenzaprine, denied a request for Ambien, approved a request for Diclofenac, and approved a request for Norco. The applicant's attorney subsequently appealed. In a clinical progress note of December 11, 2013, the applicant presented with persistent unsteadiness. The applicant was reportedly working hard in physical therapy. Upper extremity strength ranged from 4/5 to 5/5. The cervical incision was reportedly well healed. Norco and Diclofenac were continued. The attending provider was in the process of appealing a previously denied cervical MRI following fusion surgery. In an earlier note of June 22, 2013, the applicant was described as eight weeks removed from anterior cervical decompression and fusion surgery in April 2013. The applicant's numbness was improved. 5/5 upper extremity strength was appreciated. X-rays demonstrated early consolidation of the grafts. Despite the fact that the applicant was doing well, the attending provider nevertheless kept her off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE CYCLOBENZAPRINE 7.5MG #60 DISPENSED ON 08/26/2013:**

Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is in fact using numerous other agents, including Norco, Voltaren, Ambien, etc. Adding Cyclobenzaprine to be not recommended. Therefore, the retrospective request is not medically necessary.

**RETROSPECTIVE CYCLOBENZAPRINE 7.5MG #60 DISPENSED ON 08/26/2013:**

Upheld

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

**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 to other agents is not recommended. In this case, the applicant is in fact using numerous other agents, including Norco, Voltaren, Ambien, etc. Adding Cyclobenzaprine is not recommended. Therefore, the retrospective request is not medically necessary.

**RETROSPECTIVE ZOLPIDEM TARTRATE 10MG #30 DISPENSED ON 08/26/2013:**

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), Mental Chapter, Ambien Section

**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 Section

**Decision rationale:** The MTUS does not address the topic. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Topic, Zolpidem or Ambien is recommended in the short-term treatment of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it was applied here. Therefore, the request is not medically necessary.

