

Case Number:	CM14-0005154		
Date Assigned:	01/24/2014	Date of Injury:	08/25/2011
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 62 yr. old female claimant sustained a work injury on 8/25/11 involving the low back, bilateral knees, right shoulder, wrists and arm. She had a diagnosis of lumbar strain, right shoulder bursitis, right cubital tunnel syndrome, right wrist strain, right breast contusion, and right-sided trochanteric bursitis. The claimant had been on Flexeril for muscle relaxation and Ambien for sleep since at least July 2013. A recent exam report on 10/7/13 indicated the claimant had persistent right shoulder and arm pain. Objective findings were notable for lumbar paraspinal tenderness, decreased range of motion and a positive straight leg raise on the right. The claimant had been continued on the Flexeril and Ambien and the same medications were requested to continue from Dec 2013 to March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: 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), 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), Insomnia Medications.

Decision rationale: The California MTUS and ACOEM guidelines do not comment on insomnia. According to the ODG guidelines: Zolpidem [Ambien® (generic available), Ambien CR™] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The extended-release dual-layer tablet (Ambien CR™) has a biphasic release system; an initial release of Zolpidem reduces sleep latency and a delayed release facilitates sleep maintenance. Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. Dosing: Ambien 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction). In this case, the claimant has been on Ambien for several months at a dose exceeding the amount recommended for females. There are no specific details on sleep history/etiology, etc. As a result, continued use of Ambien is not medically necessary.

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 64.

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

Decision rationale: According to the California MTUS Guidelines, Cyclobenzaprine (Flexeril) is more effective than placebos for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. The treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Based on the guidelines, Flexeril is not medically necessary.