

<b>Case Number:</b>	CM14-0010769		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Practice 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 injured worker is a 56 year old male injured on November 9, 1998 when he twisted to look over his shoulder while typing resulting in neck pain. Current diagnoses include chronic cervicalgia (neck pain), lumbar back pain, recurrent myofascial strain, upper and lower extremity radiculopathy, and reactive anxiety and depression. Previous treatments include Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication management. The clinical note dated December 18, 2013 indicates the injured worker reported continued cervical pain, lumbosacral pain, as well as right upper extremity intermittent radiculopathy with insomnia. The injured worker rated his pain at 3/10. Physical examination revealed tenderness over the cervical spine as well as lumbosacral spine. Current medications include Norco 10/325mg four times a day, Ambien 12.5mg every evening and Robaxin 500mg 3 tablets every six hours. The clinical note dated January 7, 2014 indicates the injured worker reports no significant changes from previous month; however, he has run out of Prevacid used for reflux caused by Norco. Additionally, the injured worker's Transcutaneous Electrical Nerve Stimulation (TENS) unit is no longer functional which provided relief from acute spasms both in his lumbosacral and cervical spine. Physical examination revealed spasm in the musculature on the right side of the lumbosacral spine, tenderness over the lumbosacral spine with muscle tightness noted laterally bilaterally, and normal gait. The initial request for Robaxin 500mg #45, Ambien 12.5mg #30, and Prevacid 30mg #30 was initially non-certified on January 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 500MG #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 68

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. The request is not medically necessary.

**AMBIEN 12.5#30:** 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) - online version, Pain (Chronic), Zolpidem (Ambien®)

**Decision rationale:** As noted in the Official Disability Guidelines (ODG) Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. According to the Official Disability Guidelines (ODG), Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. The request is not medically necessary.

**PREVACID 30 MG # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK,

**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, Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age less than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The documentation indicates the injured worker reports gastric reflux as a result of Norco use, which is not an NSAID, not indicating the necessity of proton pump inhibitors use. The request is not medically necessary.