

<b>Case Number:</b>	CM14-0012542		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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:

This is a 31-year-old female with a date of injury of 6/15/11. She was injured when her hand was crushed by a cell door closed by a combative inmate. In a 1/7/14 progress report, the patient complained of neck pain, upper back pain, left shoulder pain, left wrist pain, and left hand pain. Patient rates the pain as 6/10. The pain is characterized as aching, dull, and sharp. With the current medication regimen her pain symptoms are adequately managed. Objective findings: cervical range of motion painful, tenderness B/L trapezius, multiple taut bands. Diagnostic impression: left C6 radiculopathy, cervical radiculitis, carpal tunnel syndrome of left wrist. Treatment to date: medication management, activity modification. A UR decision dated 1/28/14 denied the request for Ambien CR. Ambien is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, so-called minor tranquilizer, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The request for Cyclobenzaprine was denied as well. Muscle relaxants are recommended for a short term of therapy and are not recommended to be used for longer than 2-3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg. Quantity 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 treatment in workers compensation, pain chapter, Ambien.

**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, Ambien) Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. This patient is noted to be on Ambien chronically. The guidelines do not support the long-term use of sedative-hypnotics due to the risk of dependence and tolerance. There is no discussion provided of other alternatives, such as proper sleep hygiene. Therefore, the request for Ambien CR 12.5 mg. quantity 30 was not medically necessary.

**Cyclobenzaprine HCL 7.5 mg. Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. From the documentation provided, the patient has been on cyclobenzaprine dating back at least to 6/21/13. Furthermore, there is no documentation of an acute exacerbation of the patient's chronic pain to support the short-term use of cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Cyclobenzaprine HCl 7.5 mg Quantity 60 was not medically necessary.