

<b>Case Number:</b>	CM14-0016176		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

he injured worker is a 54-year-old male who reported injury on 09/22/2011. The mechanism of injury was not provided. The injured worker's medication history included Ambien, Nucynta, and Norflex as of 07/2013. The documentation of 12/11/2013 revealed the injured worker had chronic low back pain and left sciatica with spasms. The injured worker had back and sciatica pain that limited walking to 100 yards. With a shopping cart/walker, the injured worker could walk 20 to 30 minutes. The injured worker did not have a rolling walker and was requesting one. The injured worker reported pain medications improved walking, sitting, and sleeping. The injured worker denied adverse reactions. The treatment plan included Nucynta, Gralise, metaxalone, and Colace as well as Nucynta ER and Nucynta IR. The injured worker's diagnoses were low back pain with left lower limb radiculitis secondary to L5-S1 disc injury with annular tear, muscle guarding, pain, and insomnia from pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SKELAXIN 800MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 5 months. There is lack of documentation of objective functional improvement with the requested medication. The injured worker had trialed and failed Zanaflex, Flexeril, and Soma. There was lack of documentation indicating a necessity for a trial of a fourth medication in the same classification. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Skelaxin 800 mg is not medically necessary.

**ZOLPIDEM:** 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, Pain Chapter).

**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, Zolpidem Section.

**Decision rationale:** The Official Disability Guidelines (ODG) recommend zolpidem for the short-term treatment of insomnia. The treatment is generally 2 to 6 weeks. The clinical documentation submitted for review failed to provide efficacy from the requested medication. The duration of use was greater than 5 months. The request as submitted failed to indicate the frequency, quantity, and strength for zolpidem. Given the above, the request for zolpidem is not medically necessary.