MAXIMUS Federal Services

Case Number:	CM14-0016978		
Date Assigned:	03/07/2014	Date of Injury:	07/11/2011
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery and is licensed to practice in Texas. 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 46 year-old male who is reported to have sustained a work related injury on 07/11/11. Records indicate the patient failed conservative management and was taken to surgery on 08/21/13. At this time the patient underwent partial facetectomy, bilateral hemilaminotomy, and discectomy at L5/S1. The most recent clinical note is dated 02/10/14. At this time EMG/NCV studies were reviewed. Physical examination was unremarkable. The request is for Cyclobenzaprine and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #30 WITH 2 REFILLS: 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, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63-66

Decision rationale: The submitted clinical records indicate the patient is 46 year-old male who is in status of post a microdiscectomy at L5/S1 performed on 08/21/13. The most recent physical

examination shows no evidence of muscle spasm for which this medication is indicated. As such there the medical necessity is not established per California Medical Treatment Utilization Schedule (MTUS) recommendations.

ZOLPIDEM TARTRATE 10MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The submitted clinical records indicate the patient is 46 year-old male who is status post a microdiscectomy at L5/S1 performed on 08/21/13. The records provide no information regarding sleep disturbance. ODG only recommends the short term use (2 to 6 weeks) of Zolpidem to normalize sleep patterns. The records indicate that the patient has been prescribed this medication well outside of the treatment recommendations. Based on the available data there are no extenuating circumstances that would support the continued use of this medication.