

Case Number:	CM14-0018188		
Date Assigned:	05/07/2014	Date of Injury:	01/24/2007
Decision Date:	07/20/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The patient is a 49-year-old female who has submitted a claim for cervical spondylosis, lumbar spondylosis, subacromial bursitis, and lumbar radiculopathy, associated with an industrial injury date of January 24, 2007. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 04/22/2014, showed left shoulder and lumbar pain. The pain was characterized as aching nerve pain and sharp joint pain with movement. There was constant lumbar pain radiating into the left arm. The pain score was 0/10 with medications and enabled him to do activities of daily living. However, the pain score was 8-7/10 without medications. The patient sleeps 4-6 hours per night, which was disturbed and awakens unrested. Physical examination revealed restriction of range of motion for the lumbar spine due to pain. Patrick's test and Reverse Thomas' test were both positive. There were no sensory deficits, or motor weakness involved. There was noted tenderness over the lumbar facet joints. Treatment to date has included medications such as Robaxin since November 2013 and Ambien since January 2014. Utilization review from 02/03/2014 denied the request for the purchase of Robaxin 750mg BID #60 because data provided did not indicate muscle spasms and further data indicated side effects from Robaxin. The request for the purchase of Ambien 5mg HS #30 was denied because it was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, patient has been prescribed Robaxin since November 2013. However, recent progress reports failed to document presence of muscle spasm. There is no compelling indication for Robaxin at this time. Therefore, the request for ROBAXIN 750MG BID #60 is not medically necessary.

AMBIEN 5MG HS #30: Upheld

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

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, and FDA (Ambien).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, Ambien (Zolpidem) is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Furthermore, the FDA states that Ambien (Zolpidem Tartrate) is indicated for the short-term treatment of insomnia. Ambien should not be prescribed in quantities exceeding a 1 month supply. In this case, patient has been on Ambien since January 2014. Recent progress report cited the patient sleeps 4-6 hours a night, disturbed and awakens unrested. However, long-term use is not recommended. Therefore, the request for AMBIEN 5MG HS #30 is not medically necessary.