

<b>Case Number:</b>	CM14-0113615		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain Management 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:

The injured worker is a 57-year-old female, who reported an injury 07/10/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 08/12/2014 indicated diagnoses of cervical radiculitis, degeneration of cervical discs, and occipital neuralgia. The injured worker reported intermittent flare-ups with bilateral hand numbness, right greater than left, and weakness. The injured worker reported she had been taking her medications as prescribed and the medications were controlling some but not all of the pain symptoms. The injured worker did not report any new side effects from the medication. The injured worker reported she had previously undergone acupuncture with good benefit. The injured worker reported Cymbalta had been helpful with the pain. The injured worker reported neck pain was worse and she was frustrated that the cervical epidural steroid injection was denied. The injured worker reported several days of flare-ups and managed it with NSAIDs and naturopathic treatments for nerve pain. The injured worker reported she did take Flexeril to treat the pain. On physical examination of the cervical spine the injured worker's range of motion was restricted in all planes with increased pain, with muscle guarding noted. The examination of the interval cervical spine revealed no restrictions with range of motion. However, muscle guarding was noted along the cervical paraspinal and trapezius muscle groups bilaterally. Pinprick along all dermatomes bilaterally upper extremity revealed C8 hypersensitivity on the right. The injured worker had a positive Spurling's on the right greater than the left. The injured worker's treatment plan included physical rehab, follow-up in 2 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included cyclobenzaprine, Ambien, Ativan, and Advil. The provider submitted a request for Ambien, Ativan, cyclobenzaprine and re-review Cervical Epidural Injection at C7-

T1. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 5mg, #20, no refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

**Decision rationale:** The request for Ambien 5mg is not medically necessary. The Official Disability Guidelines recommend Zolpidem as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, 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. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for sleep insomnia or poor sleep hygiene. In addition, it was not indicated how long the injured worker had been utilizing Ambien. Moreover, the request did not indicate a frequency. Therefore, the request for Ambien is not medically necessary.

**Ativan 1mg, #20.:**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** The request for Ativan 1mg is not medically necessary. The Official Disability Guidelines state Ativan is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). It was indicated the injured worker had been utilizing Ativan since at least 07/17/2014. This exceeds the guidelines' recommendation for short-term use. In addition, there is lack of documentation of efficacy and functional improvement with the use of this

medication. Moreover, the request did not indicate a frequency for the Ativan. Therefore, the request is not medically necessary.

**Cyclobenzaprine 5mg, #10, no refills.:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The request for cyclobenzaprine 5mg is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Re-review Cervical Epidural Injection at C7-T1.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** The request for Re-review Cervical Epidural Injection at C7-T1 is not medically necessary. The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. There is lack of evidence in the documentation provided of exhaustion of conservative therapy, such as NSAIDs and physical therapy. In addition, the official MRI was not submitted for review to corroborate radiculopathy. Moreover, the request did not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.