

<b>Case Number:</b>	CM14-0130691		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 25-year-old female who reported an injury on 03/10/2014. The injury reported was when the injured worker was moving appliances and pulled a muscle in her back. The diagnoses included cervical sprain/strain, acute thoracic spine myalgia, sprain/strain, and acute lumbar spine muscle spasms. The previous treatment included medication, TENS unit, cold packs, and physical therapy. The diagnostic testing included an MRI. Within the clinical note dated 07/15/2014 it was reported the injured worker complained of significant mid back pain. She reported pain continued to be significantly debilitating in the lumbar spine. Upon the physical examination, the provider noted the injured worker had significant pain on palpation of the lower thoracic spine. He noted the injured worker ambulated with a slow gait due to pain. Sensation was intact. The provider requested Flexeril, Ambien, and capsaicin cream. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 07/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Flexeril 10mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term use. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Ambien 10mg #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:Pain Chapter, Ambien (zoipidem tartrate).

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

**Decision rationale:** The request for Ambien 10mg #30 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription, short acting nonbenzodiazepine hypnotic, which has been approved for short-term treatment, usually 2 to 6 weeks for treatment of insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014 which exceeds the guidelines' recommendation of short-term use. Therefore, the request is not medically necessary.

**Capsaicin Cream 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**Decision rationale:** The request for Capsaicin Cream 120gm is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short-term treatment of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and treatment site of the medication. Additionally, the injured worker has been utilizing the medication since at least

04/2014, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.