

<b>Case Number:</b>	CM14-0138024		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

There were 133 pages provided for this review. The application for independent medical review was signed on August 26, 2014. The services were denied or modified were Ambien oral tablets 10 g number 60, and cyclobenzaprine HCl 10 mg number 90. It appears that several requests for various medicines were approved. These were the two medicines that were not certified. Per the records provided, the physician peer review determination was from August 11, 2014. The patient is a 54-year-old female who was injured back in the year 2007. The diagnoses were post laminectomy syndrome of the neck, degeneration of the cervical disc and cervical spinal stenosis. The concern with the Ambien was in regards to the longer-term usage and the same held for the cyclobenzaprine. There was a July 9, 2014 qualified medical evaluation. She has bilateral neck pain, left greater than right as of June 11, 2014. There was pain in the left lateral shoulder, left elbow, and left forearm. There were migraine headaches. She had lightheadedness with balance difficulties and lower back pain. The provider noted on page 22 of this QME that it was difficult to suggest any additional treatment which is not already been tried. She needs some provision for conservative care to include treatment with an anti-inflammatory and pain medicine. The claimant was not a good historian for an August 8, 2012 qualified medical examination. There was some mention of a thoracic decompressive laminectomy for thoracic arachnoid cyst. The issues again were left-sided neck pain, and pain in the lateral shoulder and mid back pain. The assessment was a posttraumatic thoracic arachnoid cyst at C4 exacerbated by industrial injury, bladder dysfunction, hyperreflexia, and a history of gastric bypass and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien Oral Tab 10gm #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/pain/htm>

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

**Decision rationale:** The MTUS is silent on the long term use of Zolpidem. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long term usage. The request is not medically necessary.

**Cyclobenzaprine HCL 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127..

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore the request is not medically necessary.