

Case Number:	CM14-0143075		
Date Assigned:	10/15/2014	Date of Injury:	04/13/1998
Decision Date:	11/18/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation, 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:

According to the records made available for review, this is a 54-year-old male with a 4/13/98 date of injury. At the time (10/8/14) of Decision for Flexeril 10mg - Unspecified quantity and Ambien 10mg - Unspecified quantity, there is documentation of subjective (low back pain, bilateral lower extremity pain, and sleep disturbances) and objective (antalgic gait, spand and guarding at the base of the lumbar spine, decreased range of motion of the lumbar spine, and decreased deep tendon reflexes at the Patellar and Achilles region) findings, current diagnoses (lumbar post laminectomy syndrome and bilateral knee pain), and treatment to date (medications (including ongoing treatment with Naproxen, Ambien, and Flexeril since at least 7/18/14)). Medical reports identify a decrease in the intensity and severity of muscle spasms as a result of Flexeril use and ability to sleep for 8 hours as compared to 1-2 hours of interrupted sleep per night as a result of Ambien use. Regarding Flexeril 10mg - Unspecified quantity, there is no documentation of short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in patients with chronic low back pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Regarding Ambien 10mg - Unspecified quantity, there is no documentation of short-term (less than two to six weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg - Unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome and bilateral knee pain. In addition, there is documentation of Flexeril used as a second line option. However, despite documentation of muscle spasm, and given documentation of 4/13/98 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, given documentation of records reflecting prescription for Flexeril since at least 7/18/14, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, given documentation of ongoing treatment with Flexeril and despite documentation of a decrease in the intensity and severity of muscle spasms as a result of Flexeril use, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request Flexeril 10mg - Unspecified quantity is not medically necessary.

Ambien 10mg - Unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available

for review, there is documentation of diagnoses of lumbar post laminectomy syndrome and bilateral knee pain. In addition, there is documentation of sleep disturbances. Furthermore, given documentation of ongoing treatment with Ambien and the ability to sleep for 8hours as compared to 1-2 hours of interrupted sleep per night as a result of Ambien use, there is documentation of functional benefit a result of Ambien use to date. However, given documentation of records reflecting prescription for Ambien since at least 7/18/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the Ambien 10mg - Unspecified quantity is not medically necessary.