

<b>Case Number:</b>	CM14-0146410		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 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 10/16/00 date of injury. At the time (7/30/14) of the request for authorization for Cyclobenzaprine HCL USP 10mg #60 and Zolpidem Tartrate 10mg #30, there is documentation of subjective (continuous pain in the mid and lower back and is felt 90 percent of the time, pain radiates to the legs, episodes of numbness and tingling in his legs, continuous pain in his legs, and difficulty sleeping) and objective (spasm present in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, sensation is reduced in bilateral feet, decreased lumbar spine range of motion, 4/5 strength ankle dorsiflexors, long toe extensors bilaterally) findings, current diagnoses (lumbar radiculopathy), and treatment to date (medication including ongoing use of Cyclobenzaprine and Zolpidem Tartrate). Regarding Cyclobenzaprine HCL USP 10mg #60, there is no 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 with Cyclobenzaprine use to date; an acute exacerbation of chronic low back pain; and the intention to treat over a short course (less than two weeks). Regarding Zolpidem Tartrate 10mg #30, there is no 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 with Zolpidem Tartrate use to date; and the intention to treat over a short course (less than two to six weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL USP 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine 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 radiculopathy. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing use of Cyclobenzaprine, there is no 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 with Cyclobenzaprine use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine HCL USP 10mg #60 is not medically necessary.

**Zolpidem Tartrate 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20 Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

**Decision rationale:** MTUS does not address this issue. 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 Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Zolpidem Tartrate, there is no 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 with Zolpidem Tartrate use to date; and the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem Tartrate 10mg #30 is not medically necessary.

