

Case Number:	CM14-0150051		
Date Assigned:	09/18/2014	Date of Injury:	02/04/2009
Decision Date:	10/23/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 & 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 41-year-old female who reported an injury on 02/04/2009 after a fall off of a ladder. The injured worker reportedly sustained an injury to her lumbar spine, right knee, neck, bilateral wrist and left eye. The injured worker's treatment history included physical therapy, psychological support, medication management, biofeedback, a 2 level fusion from the L4-S1, epidural steroid injections and medial branch blocks. The injured worker was evaluated on 08/26/2014. It was documented that the injured worker was taking medications to manage chronic low back pain. Physical findings included tenderness to palpation over the anterior of the right knee with restricted range of motion of the lumbar spine secondary to pain with tenderness to palpation over the lumbosacral junction. The injured worker's medications included cyclobenzaprine 10 mg, Lexapro 10 mg, Prilosec 20 mg, Norco 10/325 mg, Ambien 5 mg, topiramate 25 mg and Wellbutrin 10 mg. The injured worker's diagnoses included lumbar disc displacement, acquired spondylolisthesis, post-traumatic stress disorder, pain in shoulder joint and pain in lower leg. The injured worker's treatment plan included continuation of medications. A letter of appeal dated 09/19/2014 was submitted. It was indicated within the documentation that the request for cyclobenzaprine and Ambien received an adverse determination due to long term usage. The treatment provider indicated that the injured worker was using cyclobenzaprine to assist with muscle spasm. It was noted that the medication was effective treating the injured worker's symptoms and was not being used to treat the injured worker's neuropathic pain. It was noted that Ambien was being used on an intermittent basis and was not used nightly. A Request for Authorization was submitted on 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

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

Decision rationale: The requested cyclobenzaprine 10mg QTY: 90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has pain relief and functional benefit resulting from the use of this medication. However, it is noted within the documentation that the injured worker has been taking this medication since at least 02/2014. The California Medical Treatment Utilization Schedule recommends the use of this medication be limited to 2 to 3 weeks. The use of cyclobenzaprine to manage chronic pain is not supported by guideline recommendations. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cyclobenzaprine 10mg QTY: 90 is not medically necessary or appropriate.

Ambien 5mg QTY: 10: 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 (Chronic)

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

Decision rationale: The requested Ambien 5mg QTY: 10 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend short durations of treatment to assist patients with the re-establishment of healthy sleep patterns. The clinical documentation does indicate the injured worker reports insomnia related complaints due to chronic pain. However, the clinical documentation also indicates that the injured worker has been on this medication since 03/2014. Although, the injured worker takes this medication on an intermittent basis, there is no documentation that an attempt to transition the patient off medication and onto nonpharmacological interventions has been made. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriate of the request itself cannot be determined. The requested Ambien 5mg QTY: 10 is not medically necessary or appropriate.

