

<b>Case Number:</b>	CM14-0153907		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Interventional Spine 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 patient is a 62 year old female with an injury date on 11/01/1998. Based on the 04/18/2014 progress report provided by [REDACTED] the diagnoses are: 1. Fibromyalgia. Onset status post surgery of CTS related to work activity. Patient has been stable on treatment but still possible to get further improvement; 2. Cervical spine/bilateral shoulder. Wrist, hands strain/sprain due to repetitive motion/cumulative trauma. Overuse strain/sprain; 3. Decompression mostly controlled on treatment; 4. Cervical spine strain/sprain superimposed upon suspect underlying degenerative disk disease; 5. Bilateral carpal tunnel syndrome; 6. Status post bilateral carpal tunnel released, minimally symptomatic; 7. Fibromyalgia, Myofascial pain syndrome is chronic; 8. Lumbar spine strain/sprain. According to this report, the patient complains of "continued diffuse pain in the neck and shoulder region, described as a 7/10 on the VAS." Physical exam reveals positive pes anserine bursitis. Range of motion of the cervical/thoracic/lumbar spine is moderately decreased. There were no other significant findings noted on this report. The utilization review denied the request on 08/29/2014. [REDACTED] is the requesting provider and he provided treatment reports from 01/24/2014 to 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

**Decision rationale:** According to the 04/18/2014 report by [REDACTED] this patient presents with "continued diffuse pain in the neck and shoulder region, described as a 7/10 on the VAS." The treating physician is requesting Zolpidem 10mg #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting 10mg #30. The treating physician does not mention that this is for a short-term use. ODG Guidelines do not recommend long-term use of this medication. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** According to the 04/18/2014 report by [REDACTED] this patient presents with "continued diffuse pain in the neck and shoulder region, described as a 7/10 on the VAS." The treating physician is requesting Cyclobenzaprine 10mg #30. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Cyclobenzaprine #30 and it is unknown exactly when the patient initially started taking this medication. Cyclobenzaprine is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, recommendation is that the request is not medically necessary.