

Case Number:	CM14-0165471		
Date Assigned:	10/10/2014	Date of Injury:	08/20/2010
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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:

This case is a 60-year-old male with a date of injury on 8/20/2010. A review of the medical records indicates that the patient has been undergoing treatment for cervical root lesion and lumbar radiculopathy. Subjective complaints (8/21/2014) include neck and low back pain, 4/10 pain with medications, 8/10 pain without medications. Objective findings (8/21/2014) include tenderness to palpation of cervical, thoracic, lumbar paraspinal muscles. Treatment has included Ibuprofen, Flexeril, Ambien, Levitra, Norco, and massage therapy. A utilization review dated 9/10/2014 Non-certified the following: - Ibuprofen 600mg tablet SIG: take 3 times a day as needed Qty: 90 Refill: 5 due to no documented improvement with long term use - Flexeril 10 mg tab SIG: one po daily prn spasm Qty: 30.00 refill: 1 due to exceeding guidelines maximum treatment timeline- Ambien 10 mg tablet SIG: one po qhs prn insomnia Qty: 20.00 refill: 1 due to lack of documented insomnia symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg tablet SIG qty: 90 Refill: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS states "Ibuprofen (Motrin [OTC], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The dosing that the treating physician is writing for "600mg three times daily" is the dosage MTUS recommends for rheumatoid arthritis. Medical documents do not establish the diagnosis of rheumatoid arthritis. Additionally, the treating physician is requesting five refills. A total of 6 months medication without any interim evaluation is not appropriate. As such, the request for Ibuprofen 600mg tablets SIG: take 3 times a day as needed Qty: 90 Refill: 5.

Flexeril 10 mg tab SIG qty: 30.00 refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Men's, 2005)" Up-to-date "flexeril" also recommends, "Do not use longer than 2-3 weeks." Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The

addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. Additionally, the treating physician is requesting one refill. A total of 2 months medication without any interim evaluation is not appropriate. As such, the request for Flexeril 10 mg tabs SIG: one po daily prn spasm Qty: 30.00 refill: 1 is not medically necessary.

Ambien 10 mg tablet SIG: qty: 20.00 refill: 1: 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) Pain, Zolpidem, and Insomnia Treatment

Decision rationale: The CA MTUS silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the medical records do not indicate how long the patient has been on Ambien, but the current request is for 40 days of medication and would be considered in excess of short-term treatment. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10 mg tablets SIG: one po qhs prn insomnia Qty: 20.00 refill: 1 is not medically necessary at this time.