

Case Number:	CM14-0169953		
Date Assigned:	10/20/2014	Date of Injury:	02/22/2014
Decision Date:	11/24/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 41-year-old male who sustained a work related injury on 2/22/2014 as result of a motor vehicle accident. Since then he's complained of chronic, persistent lower back pain with left lower extremity paresthesia. Examination identified lumbosacral tenderness, paraspinal tenderness with palpable spasms and decreased / painful forward flexion. Lumbar radiographs dated 2/22/2014 identify no fracture of subluxation; there are degenerative changes at L5-S1. Near similar findings confirmed on Lumbar MRI dated 04/04/2014 with repeat on 05/12/2014 confirming previous imaging study findings. The patient's current treatment includes the below requested medications, Tramadol and Hydrocodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg #90: 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 Pain Intervention and Treatments Page(s): 41-42, 64.

Decision rationale: Cyclobenzaprine (Flexeril, Amrix, FexmidTM, generic available): Recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous

system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The patient has been utilizing this medication since the date of injury, with a short duration of non-use, with it prescribed on 5/12/2014. It is recommended for short-term therapy for skeletal muscle relaxation. Therefore this medication is not medically necessary.

Zolpidem Tartate 10 mg #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) Mental Health / Stress, Insomnia

Decision rationale: Zolpidem belongs to a class of medications called sedative-hypnotics and is used to treat insomnia (difficulty falling asleep or staying asleep). This medication is usually recommended for use for 7-10 days for difficulty in attaining restful sleep. Zolpidem is not recommended for longer than two weeks of use as somnolent induction medication. The ODG guidelines recommend treatment be based on the etiology. Additionally, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Although Zolpidem was specifically designed to assist patients who are having trouble obtaining restful sleep, it was not intended for extended periods of use. Because of the recommendation that its use not go beyond a two week period, the request for the use of Zolpidem is declined. The patient has been on this medication since 05/23/2014. It is not intended for long-term use and is recommended that its use not extend beyond a two-week period. It is not medically necessary and is therefore not authorized.