MAXIMUS Federal Services

Case Number:	CM14-0171657		
Date Assigned:	10/23/2014	Date of Injury:	05/17/2011
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 55 year old with an injury date on 5/17/11. Patient complains of continued pain in bilateral ankles per 9/17/14 report, stating right > left pain in 8/15/14 report. Patient denied new symptoms except chronic right ankle pain per 8/15/14 report. Based on the 9/17/14 progress report provided by [redacted] the diagnoses are: 1. ankle sprain, 2. Achilles tendinitis, 3. pain upper/lower extremity, 4. myofascial pain. Exam on 9/17/14 showed "tenderness to palpation of right ankle at joint line." No range of motion testing was included in reports. Patient's treatment history includes orthotics, home exercise program, supportive athletic shoes, paraffin wax bath, unspecified injection, 6 sessions of physical therapy and medication. [redacted] is requesting Ambien CR 6.25mg #30 and Cyclobenzaprine 7.5mg #60. The utilization review determination being challenged is dated 10/7/14. [redacted] is the requesting provider, and he provided treatment reports from 5/7/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.25mg #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 (ODG), Pain (Chronic), Insomnia Treatment, Non-Benzodiazepine Sedative-Hypnotics, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for ambien CR 6.25mg #30 on 9/17/14. Patient has been taking Ambien since 6/4/14. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien for 3 months but it is only indicated for short-term use (7-10 days). The requested ambien CR 6.25mg #30 is not indicated at this time. Recommendation is for denial.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for cyclobenzaprine 7.5mg #60 on 9/17/14. Patient has no history of taking Cyclobenzaprine in provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient is suffering from chronic ankle pain, and usage of muscle relaxants for ankle pain is not supported by MTUS guidelines. Muscle relaxants are indicated for short-term use for exacerbations of lumbar pain. Recommendation is for denial.