

Case Number:	CM14-0172554		
Date Assigned:	10/23/2014	Date of Injury:	05/16/2011
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/19/2014

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 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 54-year-old male who reported an injury on 05/16/2011. The mechanism of injury was not provided. On 09/03/2014, the injured worker presented with pain in the low back aggravated by bending, lifting, twisting, and pushing. Upon examination, there was palpable paravertebral muscle tenderness with spasm over the lumbar spine and a positive seated root test. There was restriction with range of motion of flexion and extension. There was tingling and numbness in the lateral thigh and anterolateral and posterior leg, as well as foot, 4/5 strength in the EHL and ankle plantar flexors, L5-S1 enervated muscles. The diagnosis was lumbago. A current medication list was not provided. The provider recommended Flexeril, Ultram, and Ambien; the provider's rationale was not provided. The Request for Authorization form was not included the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 DOS: 09/08/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10mg #60 DOS: 09/08/14 is not medically necessary. The California MTUS state that Flexeril is recommended as an option for a short course of therapy. The greatest effect of the medication is in the 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #60 exceeds the guideline recommendation for short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. The provider's rationale for the request is not provided within the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Ultram 50mg #60 DOS: 09/08/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50mg #60 DOS: 09/08/14 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of on objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior, and side effects. Additionally, the provider's request does not include the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Ambien 5mg #30 DOS: 09/08/14: 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-TWC)

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

Decision rationale: The request for Ambien 5mg #30 DOS: 09/08/14 is not medically necessary. The Official Disability Guidelines state that Ambien is a short acting nonbenzodiazepines hypnotic which is approved for the short term (usually 2 to 6 week) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. While sleeping pills or antianxiety agents are commonly prescribed for chronic pain, pain specialists rarely recommend them for long term use. They can be habit forming, and 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. Efficacy of the prior use of the medication has not been provided. Additionally, treatment

history and length of time the injured worker has been prescribed Ambien was not provided. As such, medical necessity has not been established.