

Case Number:	CM14-0173842		
Date Assigned:	10/27/2014	Date of Injury:	09/12/2009
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 12, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; muscle relaxants; epidural steroid injection therapy; earlier shoulder manipulation under anesthesia surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 23, 2014, the claims administrator failed to approve a request for cyclobenzaprine and Ambien. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant was asked to pursue shoulder surgery. A home health aide and postoperative therapy were sought. In a September 16, 2014 progress note, the applicant presented reporting multifocal complaints of neck pain, shoulder pain, wrist pain, low back pain, and knee pain with derivative complaints of depression, psychological stress, reflux, weight gain, and headaches. The applicant was placed off of work, on total temporary disability while additional physical therapy was sought. The applicant was described as agitated and reporting heightened pain complaints. The applicant's medication list was not furnished on this occasion. There was no discussion of medication efficacy. In a June 27, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7/10. Epidural steroid injection therapy was sought. On June 10, 2014, the applicant was given prescriptions for tramadol and several topical compounds and was again placed off of work, on total temporary disability. The applicant's complete medication list was not provided on this occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg number sixty (#60): Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other analgesic, adjuvant, and topical medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Zolpidem Tartrate 10mg number thirty (#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, Chapter Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. In this case, however, it appears that the attending provider is using Ambien for chronic, long-term, and/or scheduled use purposes, although this is admittedly difficult to state with certainty as the requesting provider has failed to furnish the applicant's complete medication list on several office visits, referenced above. Long-term usage of Ambien amounts to a non-FDA labeled purpose. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.