

Case Number:	CM14-0178501		
Date Assigned:	10/31/2014	Date of Injury:	09/12/2009
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 38-year-old female with a date of injury of 09/12/2010. The listed diagnoses are: 1. Lumbosacral neuritis. 2. Other back symptoms. 3. Lumbar disk displacement. 4. Thoracic/lumbar disk degenerative disease. 5. Brachial neuritis. 6. Cervical disk disease. 7. Lumbar disk disease. 8. Knee and leg sprain. According to progress report 09/05/2014, the patient presents with continued low back pain which travels down to her hip, leg, and knee with occasional numbness. The patient rates her pain 6/10 on a pain scale. The examination revealed positive Kemp's test bilaterally and possible femoral stretch test on the right. This is a request for cyclobenzaprine 10 mg #60 and Zolpidem 10 mg #30. Utilization review denied the request on 09/23/2014. Treatment reports from 02/21/2014 through 09/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting cyclobenzaprine 10 mg #60. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short-course of therapy. Limited mixed evidence does not allow for the recommendation for chronic use. In this case, the medical records indicate the patient has been taking cyclobenzaprine since at least 04/22/2014. Long-term use of this medication is not supported.

Zolpidem Tatrata 10mg #30:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting Zolpidem 10 mg #30. The MTUS and ACOEM Guidelines do not address Zolpidem. The ODG Guidelines under its pain chapter states that "Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, review of the medical file indicates the patient has been prescribed this medication since at least 04/22/2014. ODG Guidelines do not recommend long-term use of Zolpidem. The request is not medically necessary.