

<b>Case Number:</b>	CM14-0042226		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/04/1996
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Nevada. 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 52-year-old female who was reportedly injured on November 4, 1996. The mechanism of injury is lifting a case of bottles. The most recent progress note, dated March 25, 2014, is difficult to read. There are complaints of low back pain which is stated to be 5-6/10 without medications and 2-3/10 with medications. The physical examination demonstrated tenderness over the midline of the lumbar spine. Diagnostic imaging studies showed adjacent segment degenerative disc disease above the previous level of lumbar fusion. The treatment plan included discontinuing Paxil and Zanaflex and starting Lexapro and Flexeril. It was recommended that Mobic, Ambien, and Tylenol #3 be continued. It is not stated what previous treatment has been rendered. A request was made for a three month supply of Ambien and Flexeril and was denied in the pre-authorization process on April 1, 2014. 7305

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month supply of Flexeril (dosage and quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 113.

**Decision rationale:** Flexeril is a muscle relaxant. The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The medical record does not indicate that the injured employee is having any exacerbations of low back pain nor are there any muscle spasms noted on physical examination. For these reasons this request for Flexeril is not medically necessary and appropriate.

**3 month supply of Ambien (dosage and quantity unknown):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (<http://www.drugs.com/pro/ambien.html>) Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** According to the Official Disability Guidelines Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. According to the medical record the injured employee has previously been prescribed Ambien and its prescription has been recommended to continue with an unknown dosage and quantity. As such, this request for Ambien is not medically necessary and appropriate.