

Case Number:	CM14-0048913		
Date Assigned:	07/07/2014	Date of Injury:	09/28/1985
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 patient is a 55-year-old female who has submitted a claim for Lumbar Radiculopathy and Iatrogenic Opioid Dependency associated with an industrial injury date of September 28, 1985. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down the bilateral lower extremities, accompanied by numbness, tingling, and weakness of the lower extremities. Pain was aggravated by activity, prolonged sitting, standing, and walking. Pain was rated 6/10 with medications and 10/10 without medications. She also complained of frequent and severe muscle spasms in the lower back. She also reported insomnia associated with on-going pain. The patient also reported limitations in activities of daily living, such as self-care and hygiene, activity, ambulation, hand function, sleep, and sexual function. On physical examination, the patient's gait was antalgic and slow. Lumbar spine examination revealed tenderness of the L4-S1 levels. Lumbar range of motion was limited. Sensation was decreased along the L4-5 dermatomes. Patellar reflexes were decreased bilaterally but Achilles reflexes were within normal limits. Straight leg raise test was positive bilaterally. Treatment to date has included lumbar laminectomy, spinal cord stimulator, thoracic epidural steroid injection, lumbar epidural steroid injection, and medications including Flexeril 10 mg one tablet three times a day, and Zolpidem 10 mg one tablet at bedtime for insomnia (since at least January 2013). Utilization review from February 25, 2014 denied the request for Flexeril 10 mg because there is limited mixed evidence that allow recommendation of this drug for chronic use; and Zolpidem 10 mg because the patient was already using trazodone and guidelines do not support the use of zolpidem for long-term purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, Flexeril was being prescribed since January 2013 (19 months to date), which is beyond the recommended duration of use. In addition, given the 1985 date of injury, the exact duration of Flexeril use is uncertain. The patient reported that the use of medications offered pain relief and functional improvement in bathing, combing/washing hair, cooking, dressing, reading, shopping, sitting, standing, vacuuming, and washing dishes. However, alongside Flexeril, the patient was also taking several other medications, including opioids, anti-seizure medication, and sleep medications. Hence, functional improvement and pain relief cannot be attributed solely to Flexeril. There is no clear indication for chronic use of this medication. Therefore, the request for Flexeril 10mg is not medically necessary.

Zolpidem 10mg: Upheld

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

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.

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, zolpidem was being prescribed since January 2013 (19 months to date), which is beyond the recommended duration of use. In addition, given the 1985 date of injury, the exact duration of zolpidem use is uncertain. Furthermore, despite long-term use, there was no documentation of functional improvement with zolpidem. The patient was also taking trazodone 100 mg one tablet at night as needed for insomnia, and there was no rationale provided as to why multiple sleep

medications are needed for this patient. There is no clear indication for continued use of zolpidem. Therefore, the request for Zolpidem 10mg is not medically necessary.