

Case Number:	CM14-0061218		
Date Assigned:	07/09/2014	Date of Injury:	02/12/2008
Decision Date:	08/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 2/12/08 date of injury, status post lumbar fusion from L3-S1 2/15/11, and status post revision of poster lumbar interbody fusion from L3-S1 6/2/12. At the time (4/17/14) of request for authorization for Ambien 5mg #30, Xanax 1mg #60, and Fexmid 7.5mg #60, there is documentation of subjective (low back pain with radicular symptoms to both lower extremities) and objective (tenderness to palpation of posterior cervical and lumbar musculature, decreased cervical and lumbar range of motion in all planes, and straight leg raise positive bilaterally) findings, diagnoses (lumbar post laminectomy syndrome), and treatment to date (medications (including ongoing treatment with Xanax since at least 10/25/13 and Fexmid since at least 10/25/13)). Regarding Ambien, there is no documentation of insomnia and the intention to treat over a short course. Regarding Xanax, there is no documentation of the intention to treat over a short course. Regarding Fexmid, there is no documentation of acute muscle spasm and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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 (ODG).

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of a diagnosis of lumbar post laminectomy syndrome. However, there is no documentation of insomnia. In addition, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #30 is not medically necessary.

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of a diagnosis of lumbar post laminectomy syndrome. However, given documentation of records reflecting prescriptions for Xanax since at least 10/25/13, there is no documentation of the intention to treat over a short course (less than four weeks). Therefore, based on guidelines and a review of the evidence, the request for Xanax 1mg #60 is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Fexmid is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of lumbar post laminectomy syndrome. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Fexmid since at least 10/25/13, there is no documentation of the intention to treat over a short course (less than two weeks). The request is not medically necessary.

