

Case Number:	CM14-0067237		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2001
Decision Date:	08/28/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 records, presented for review, indicate that this 59-year-old male was reportedly injured on 3/12/2001. The mechanism of injury was not listed. The most recent progress note dated 4/21/2014, indicated that there were ongoing complaints of back and radicular pain. The physical examination demonstrated normal lumbar alignment and curvature with well-healed surgical scars, decreased lumbar flexion due to pain and flexion 30 degrees and lateral motion 15 degrees. There were also moderate to severe diffuse tenderness to lumbar-sacrum and mild sacroiliitis bilaterally. No recent diagnostic imaging studies available for review. Diagnoses: Failed lumbar spinal surgery syndrome, lumbar radiculitis, neuropathic pain and situational depression. Previous treatment included lumbar spine surgery, physical therapy and medications: MS Contin, Robaxin and Ambien. A request had been made for Robaxin 750 MG #90 and Ambien 10 MG #30 in the pre-authorization process on 4/29/2014. Robaxin was partially certified for #45 and Ambien was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 65.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines classify Robaxin (methocarbamol) as a muscle relaxant; however, the mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Given the claimant's chronic pain, current medications and documented history of depression, this request is not considered medically necessary.

Ambien 10mg, #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)- Pain Zolpidem (Ambien), Insomnia.

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: California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) does not address; therefore, Official Disability Guidelines (ODG) used. 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. Given the date of injury and guideline recommendations, this request is not medically necessary.