

<b>Case Number:</b>	CM14-0071132		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/26/1995
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Texas. 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 41 year old female injured on 12/26/95 due to an undisclosed mechanism of injury. Current diagnoses include lumbar mild ligamentous injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome, and medication-induced gastritis. Clinical note dated 04/08/14 indicates the injured worker presented with status-post lumbar epidural steroid injection on 03/31/14 reporting excellent benefit with approximately 70% pain relief in the back and lower extremity. The injured worker reports returning to full time work status and rating pain at 3/10. The injured worker reports utilization of Norco 2-3 tablets per day, Anaprox and Ambien as a sleep aid. Physical examination revealed tenderness to palpation bilaterally with increased muscle rigidity of the lumbar spine, numerous trigger points palpable and tender throughout the lumbar paraspinal muscles, decreased range of motion with obvious muscle guarding, decreased range of motion, muscle strength 5/5 all muscle groups, decreased sensory examination along the posterior lateral thigh and lateral calf bilaterally in the L5-S1 distribution, positive straight leg raise bilaterally. Current medications include Norco 10-325mg, Anaprox 550mg, Prilosec 200mg, Fexmid 7.5mg, and Ambien 10mg. The initial request for 30 Ambien CR 12.5mg and 125 Fexmid 7.5mg was initially non-certified on 04/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ambien CR 12.5 mg:** 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 (Chronic) Zolpidem (Ambien).

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

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for 30 Ambien CR 12.5 mg cannot be recommended as medically necessary.

**120 Fexmid 7.5mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic) Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. It does not appear the injured worker utilizes this medication on a regular basis and spasms are noted on physical examination. As such, the medical necessity of 120 Fexmid 7.5mg is recommended at this time.