

Case Number:	CM14-0075051		
Date Assigned:	07/16/2014	Date of Injury:	03/14/2012
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/22/2014

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 34-year-old male with a 3/4/12 date of injury. At the time (5/7/14) of request for authorization for Norco 10/325 mg #120 with three (3) refills, Ambien 10 mg #30 with three (3) refills, and Robaxin 500 mg #120 with three (3) refills, there is documentation of subjective (left shoulder pain and lower back pain radiating to left lower extremity) and objective (palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, coracoids, lesser and greater tuberosities, trapezius musculature, posterior shoulder musculature, and supraspinatus and infraspinatus musculature of left shoulder) findings, current diagnoses (low back pain, left AC joint separation, grade III, left scapula fracture, closed head injury, C6-7 degenerative disc disease, and status post repair of the ligaments of the left clavicle), and treatment to date (medications (including ongoing Norco, and Ambien and Robaxin since at least 11/21/13)). Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Ambien 10 mg #30 with three (3) refills, there is no documentation of insomnia; the intention to treat over a short course (less than two to six weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding Robaxin 500 mg #120 with three (3) refills, there is no documentation of muscle spasm; acute exacerbation of chronic low back pain; the intention to treat over a short course (two to six weeks); functional benefit or improvement as a reduction in

work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, 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) 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, left AC joint separation, grade III, left scapula fracture, closed head injury, C6-7 degenerative disc disease, and status post repair of the ligaments of the left clavicle. In addition, there is documentation of ongoing treatment with Ambien. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 11/21/13, there is no documentation of the intention to treat over a short course (two to six weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg #30 with three (3) refills is not medically necessary.

Robaxin 500 mg #120 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. MTUS-Definitions identifies that any treatment intervention should not be

continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, left AC joint separation, grade III, left scapula fracture, closed head injury, C6-7 degenerative disc disease, and status post repair of the ligaments of the left clavicle. In addition, there is documentation of ongoing treatment with Robaxin. However, there is no documentation of muscle spasms, In addition, despite documentation of lower back pain, there is no (clear) documentation of acute exacerbation of chronic low back pain. Furthermore, given documentation of records reflecting prescriptions for Robaxin since at least 11/21/13, there is no documentation of the intention to treat over a short course (two to six weeks). Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Robaxin to date. Therefore, based on guidelines and a review of the evidence, the request for Robaxin 500 mg #120 with three (3) refills is not medically necessary.