

Case Number:	CM14-0088794		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2002
Decision Date:	10/08/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/12/2014

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 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:

The patient is a 35-year-old male who has submitted a claim for status post artificial disc displacement L4-L5 and L5-S1, right greater than left lower extremity radicular pain, sacroccygeal pain decreased following caudal epidural steroid injection, and opioid dependence associated with an industrial injury date of March 25, 2002. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain. The pain radiates to the posterior aspect of the lower extremity, right greater than left and into the left knee worse than the right. Physical examination showed tenderness in the lumbar paraspinal musculature with reduction of range of motion most notably forward flexion. Straight leg raise test was positive bilaterally, greater on the right. . MRI of the lumbar spine, dated April 18, 2002, revealed degenerative disc disease at L5-S1 with 6-7mm annular disc bulge resulting in minimal to mild right lateral recess stenosis, 3mm osteophyte complex at L4-L5 level resulting in minimal to mild central canal stenosis and minimal bilateral lateral recess stenosis, and 2-3mm broad-based osteophyte complex at L3-L4 resulting in minimal central canal stenosis and minimal bilateral lateral recess stenosis. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, activity modification, lumbar epidural steroid injections, and lumbar disc replacement. Utilization review, dated May 17, 2014, denied the request for Flexeril 7.5 #60 because it is only recommended for short-term treatment and there was no spasticity with no documentation of functional benefit with the use of muscle relaxants; denied the request for Naprosyn 550mg #60 because there was no identified functional benefit and should be used in the shortest possible duration; and denied the request for Ambien 10mg #30 because it did not fall within the recommended 2-6 weeks duration for use, and there was no failure of behavioral intervention including sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naprosyn since at least June 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naprosyn 550 mg #60 is not medically necessary.

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness chapter

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 this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG, Pain chapter 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. In this case, the patient was taking Ambien since at least June 2013. Long-term use is not recommended. In addition, there was no documentation of functional benefit from its use. There was no mention regarding any sleeping disorder. Furthermore, there was no mention regarding the patient's sleeping habits that warrant the use of Ambien. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 June 2013, which is beyond the recommended duration of use. Furthermore, there was no documented functional benefit from its use. Muscle spasm and acute exacerbation of pain were not evident in the records submitted. Long-term use of this medication is not supported by the guidelines. There is no clear indication for chronic use of this medication. The medical necessity for continued use has not been established. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.