

Case Number:	CM14-0185070		
Date Assigned:	11/12/2014	Date of Injury:	01/02/1999
Decision Date:	03/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old male was injured 1/2/1999; the mechanism of injury was not available. He complained of constant, sharp burning pain in the low back and low back which radiated to both legs with numbness. He also complained of pain in the neck with radiation to left shoulder and arm and arm has numbness and paresthesia in the hand. He also experiences headaches. The injured worker has difficulty in performing activities of daily living because of pain and morning stiffness and that his quality of life is decreasing. Treatment included caudal injection (10/15/12) and physical therapy which afforded greater than 50% relief. He has tried ice, heat, non-steroidal anti-inflammatories (NSAIDS) that offered no relief. His medications include Norco, Neurontin, Flexaril, zolpidem and Prilosec. He has not been able to fill Norco and used Tylenol. His pain level was 9/10. On physical exam his gait was normal. Atrophy was noted in the quadriceps. On axial compression of the cervical spine there was left trapezius tenderness. On palpation there was tenderness in the trapezius area. Cervical spine range of motion was restricted in forward flexion, backward extension, in right lateral tilt, in left lateral tilt, in right and left rotation. Diagnoses include low back pain, lumbar disc displacement; degeneration of cervical intervertebral disc; post laminectomy syndrome of lumbar region; lumbar radiculopathy; cervical radiculopathy; cervical disc displacement. Radiograph of the lumbar spine was done 3/19/14 and demonstrated evidence for posterior fusion with bilateral pedicle screws at L4-5 and S1 with rods in place; anterior fusion of L4-5 and L5-S1 with cages identified and osseous integration. There was no evidence of acute fracture or spondylolisthesis and the sacrum was unremarkable. Laboratory evaluations (10/23/14) to determine level of prescription medications

detected Flexaril, Neurontin and zolpidem. It did not detect Norco but injured worker has not been able to afford this and was using Tylenol per documentation 3/27/14. The injured worker is currently disabled. On 10/31/14 Utilization Review (UR) non-certified the request for Flexaril 10 mg #90 based on no documentation of muscle spasms to warrant this medication. The request for Ambien 10 mg #30 based on no documentation that the injured worker had significant problems with sleep or that he had been evaluated for sleep issues. The request for Vimovo 500/20 mg #60 based on documentation indicating that NSAIDs did not offer significant relief and there was no indication of gastric upset to warrant this medication. The guidelines referenced were MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting FLEXERIL 10 MG #90. The patient's work status was not provided. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 03/27/2014. In this case, the MTUS Guidelines do not support the long term use of Flexeril. The request IS NOT medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental/stress chapter on zolpidem

Decision rationale: This patient presents with neck and low back pain. The treater is requesting AMBIEN 10 MG #30. The patient's work status was not provided. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the mental/stress chapter on zolpidem states, Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer term studies have found Ambien CR to be effective for up to 24 weeks in adults. The records do not show history of Ambien use. While a trial may be appropriate for patients with insomnia or sleep difficulties,

the requested quantity exceeds the ODG Guidelines recommended 7- to 10-day treatment. The request IS NOT medically necessary.

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter on Vimovo

Decision rationale: This patient presents with neck and low back pain. The treater is requesting VIMOVO 500/20 MG #60. The patient's work status was not provided. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Vimovo states, "not recommended as a first-line therapy." The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risks of NSAID-related gastric ulcers in susceptible patients. As with Nexium, a trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. The records do not show a history of Vimovo use. The report making the request was not made available for review. The patient does not present with osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis which is indicated for use of Vimovo. The request IS NOT medically necessary.