

<b>Case Number:</b>	CM14-0192658		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Rehab 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 claimant is a 38-year-old male, who suffered an injury to his low back after falling while carrying a large piece of lumber on 7/27/12. The 9/25/14 (116) indicates the claimant has persistent low back pain graded 8/10 with R>L lower extremity symptoms. Examination findings include tenderness in the lumbar spine, and normal lumbar range of motion. Records also indicate positive SLR on the right. The claimant is currently managed with Cyclobenzaprine, Pantoprazole, Ambien, Tramadol, and Naproxen. The current diagnoses are: 1. Spondylolisthesis 2. Lumbar spondylosis 3. Neural encroachment L3-4 and L5-S1. The utilization review report dated 11/5/14 denied the request for Cyclobenzaprine 10mg, ninety count; Pantoprazole 20mg, sixty count; and Ambien 10mg, thirty count, based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

**Decision rationale:** The claimant has persistent lower back and lower extremity pain. The current request is for Cyclobenzaprine 10 mg, ninety count. The MTUS guidelines state the muscle relaxants are recommended for short term use only. Page 64 MTUS guidelines states that Cyclobenzaprine is not recommended longer than 3-4 weeks. The records indicate that the patient has been using Cyclobenzaprine since at least August of 2013. My recommendation is for denial as the request is not supported by the MTUS guidelines.

**Pantoprazole 20 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 67.

**Decision rationale:** The patient presents with persistent lower back pain and bilateral lower extremity pain rated 8/10. The treater requests for 1 Pantoprazole 20 mg #60. The reports provided indicate the patient was first prescribed this medication on or before 12/16/13. The MTUS guidelines recommend Pantoprazole for the treatment of dyspepsia secondary to NSAID therapy. MTUS goes on to state for NSAIDs, GI symptoms and cardiovascular risk pages 68, 69 state, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician report dated 9/25/14 states that the patient is prescribed Tramadol, Naproxen, Pantoprazole, Cyclobenzaprine and Ambien and the patient denies any side effects. There is discussion of any dyspepsia in the 8/15/2013 progress report of dyspepsia with NSAID. The request is medically necessary.

**Ambien 10 mg, thirty count:** Upheld

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

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

**Decision rationale:** The patient presents with lower back pain and bilateral lower extremity pain. The treater requests for Ambien 10 mg #30. The treating physician report dated 9/25/14 does not provide any information as to the length of time the patient has been prescribed Ambien. Review of the 7/10/14 (82) report indicates that the patient has been prescribed Ambien since at least 7/10/14. There are no complaints or diagnosis of sleep disorder. Ambien (zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The current request is not supported by the ODG guidelines. The recommendation is for denial.