

<b>Case Number:</b>	CM15-0005271		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/01/1997
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 55 year old male who sustained an industrial injury on 12/01/1997. The injured worker has pain in the low back, left shoulder and left knee. Diagnoses include neck sprain/strain, lumbar facet syndrome, lumbar radiculopathy and left shoulder sprain/strain. A physician progress note dated 11/21/2014 documents the injured worker has decreased range of motion of the cervical neck, left shoulder and lumbar back. Straight leg raise is positive bilateral, left greater than the right side. There is tenderness to the lumbar spine with spasms, and tenderness to palpation along the cervical spine and along the trapezius muscles bilaterally with palpable spasms. Neck and left shoulder pain is rated as being 5/10 with pain radiating down the left upper arm with numbness and tingling. She has constant severe low back pain rated as 10/10 with pain radiating down the left lower extremity with numbness and tingling in the left leg. The prescribing physician is requesting Ambien 10mg, and Cyclobenzaprine 10mg. The pain management specialist documented difficulties with initiating and maintaining sleep. On 12/19/2014 the Utilization Review non-certified the request for Ambien 10mg and cited Official Disability Guidelines-Treatment in Workers Compensation. The request for Cyclobenzaprine 10mg, # 90 is non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, Chronic pain, Zolpidem (ambien)

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions of the Guidelines do support long term use of hypnotic medications based on etiology and pending cognitive behavioral therapy (CBT). Insomnia from chronic pain is a qualifying condition for medications and there is no evidence that at least 6 weeks of (CBT) for insomnia has been provided. Under these circumstances the Ambien 10mg. is supported by Guidelines and is medically necessary.

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexeril) Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64..

**Decision rationale:** MTUS Guidelines recommend that the use of muscle relaxants be limited to short term use of 3 weeks or less during acute flare-ups. Guidelines do not support the chronic use as prescribed and there are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine 10mg. is not medically necessary.