

Case Number:	CM15-0006928		
Date Assigned:	01/22/2015	Date of Injury:	09/27/2001
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 68 year old male patient, who sustained an industrial injury on September 27, 2001. His diagnoses include lumbar sprain, lower back pain with flare-up, degenerative joint disease and disc herniation at lumbar 4-5 with radicular symptoms. Per the progress note dated December 4, 2014, he had complaints of severe back pain with radiation down the left leg with a burning component of pain. The back examination revealed limited range of motion, bilateral straight leg raise causes left sided back pain with radiation down the left buttock and posterior thigh, decreased Deep tendon reflexes at the knees and ankles, sensory loss to light touch and pinprick at the left lateral calf and the bottom of his foot and walked with a slight limp of the left lower extremity. The medications list includes norco, naprosyn, flexeril and ambien. He has had lumbar MRI which revealed L4-5 disc herniation. On December 16, 2014 IMR application was received, the injured worker submitted an application for IMR for review of a prescription for Flexeril 5mg 1 q day prn (once a day as needed) back spasms #30 and a prescription for Ambien 10mg hs (at bedtime) for insomnia #30. The Flexeril and Ambien are non-certified based on the injured worker has been treated with these medication beyond the duration of treatment recommended by the guidelines. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #30 every day as needed for back spasms: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Request: Flexeril 5mg, #30 every day as needed for back spasms. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had complaints of severe back pain with radiation down the left leg with a burning component of pain. The back examination revealed limited range of motion, bilateral straight leg raise causes left sided back pain with radiation down the left buttock and posterior thigh, decreased deep tendon reflexes at the knees and ankles, sensory loss to light touch and pinprick at the left lateral calf and the bottom of his foot and walked with a slight limp of the left lower extremity. Therefore the pt has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy, Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 5mg, #30 every day as needed for back spasms is medically appropriate and necessary to use as prn during acute exacerbations.

Ambien 10mg #30 HS for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (updated 02/23/15) Zolpidem (Ambien; 1/2)

Decision rationale: Request- Ambien 10mg #30 HS for insomnia. Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, " Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." Detailed history of insomnia since date of injury in 2001 is not specified in the records provided. A trial of other non pharmacological measures for

treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 HS for insomnia is not fully established for this patient at this time.