

Case Number:	CM15-0136589		
Date Assigned:	07/24/2015	Date of Injury:	09/11/2003
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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:

The injured worker (IW) is a 49-year-old male who sustained an industrial injury 09/11/2003. Diagnoses/impressions include displacement of intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medications, epidural steroid injections (ESI), multiple spinal surgeries. Transforaminal ESIs (TESI) reportedly provided 60% to 70% pain relief for three to six months each time. According to the progress notes dated 6/1/15, the IW reported bilateral lower back pain, radiating down into the buttock and the right leg, greater than the left, in an L5-S1 distribution with numbness and tingling. The last TESI was performed on 2/12/15, which relieved 50% of his pain for approximately two months. On examination, there were significant muscle spasms in the lower back, tenderness over the lower lumbar facet joints, diffuse non-specific paraspinal tenderness and myofascial trigger points. Straight leg raise was positive more on the right than the left, with pain down to the feet in the L5 distribution. Some weakness was noted with heel walking. There was significant weakness in the extensor hallucis longus (EHL) bilaterally. Sensation was decreased in the lateral right leg, and to a lesser degree in the left leg. Ankle jerks were diminished bilaterally. His gait was severely antalgic on the right. Medications were Fentanyl patch, Oxycodone for breakthrough pain, Fenoprofen, Ambien and Flexeril. A request was made for Ambien 10 mg and Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: 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) TWC Pain Procedure Summary; Mosbys Drug Consult.

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 (Ambien).

Decision rationale: According to ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia ODG notes that these medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. ODG also notes that according to SAMHSA, Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The medical records note that Ambien has been prescribed for an extended period of time and the prolonged use of Ambien is not supported per ODG. The request for Ambien 10mg is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for Flexeril 7.5mg is not medically necessary and appropriate.