

<b>Case Number:</b>	CM15-0141459		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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:

The injured worker is a 25 year old male who sustained an industrial injury on 01/21/2013. He reported immediate pain in his right wrist, right ankle and lower back. Treatment to date has included medications, surgery and physical therapy. According to the most recent progress report submitted for review and dated 05/07/2015, the injured worker was nearly 3 months status post L5-S1 transforaminal lumbar interbody fusion with pedicle screws. He continued to do well. His only complaint was that at night he felt somewhat uncomfortable and needed to take two Norco in order to go to sleep. During the day, he was taking Robaxin only. He no longer required the use of his lumbar brace. Neurological examination demonstrated cranial nerves were intact. Motor testing demonstrated 5/5 strength in all muscle groups with the exception of his right dorsiflexors, extensor hallucis longus and plantar flexor. Sensation was decreased to light touch and pinprick in bilateral L5 distributions. Straight leg raising test was positive bilaterally at 30 degrees. He had marked difficulty with flexion, extension of his back secondary to pain. His gait was slow but otherwise normal. Diagnostic impression included status post L5-S1 transforaminal interbody fusion. Robaxin and Norco were refilled. Ambien was prescribed in hopes that the injured worker could take this at night and no longer use Norco for sleep. Currently under review is the request for Robaxin 500 mg #30 and Ambien 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** Based on the 5/8/15 progress report provided by the treating physician, this patient is 3 months s/p L5-S1 lumbar fusion, and his only complaint at night is that he feels uncomfortable and needs 2 Norco to sleep. The treater has asked for Robaxin 500mg #30 on 5/8/15. The patient's diagnosis per Request for Authorization form dated 5/8/15 is s/p L5-S1 transforaminal lumbar inter body fusion. The patient is taking 2 Norco at night and only Robaxin during the day per 5/8/15 report. The patient continues to do well per 5/8/15 report. The patient is also taking Ambien per 5/8/15 report. The patient's physical exam is unchanged from prior evaluation per 5/1/15 report. The patient also complains of right leg numbness, and his range of motion is limited per 2/2/15 report. The patient's work status is temporarily totally disabled for 12 weeks per 5/1/15 report. MTUS, Muscle Relaxants for Pain, pg. 63: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) MTUS Guidelines, Antispasmodics Section under methocarbamol, pages 63-66: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. The treater does not discuss this request in the reports provided. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, MTUS recommends non-sedating muscle relaxants for a short period of time. In this case, the patient is currently taking Robaxin and it is not clear when it was initiated. However, the current request for 30 tabs does not indicate short-term use of this medication. Therefore, the requested Robaxin IS NOT medically necessary.

**Ambien 10mg #30:** 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), Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 06/15/2015 Zolpidem (Ambien).

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

**Decision rationale:** Based on the 5/8/15 progress report provided by the treating physician, this patient is 3 months s/p L5-S1 lumbar fusion, and his only complaint at night is that he feels uncomfortable and needs 2 Norco to sleep. The treater has asked for Ambien 10mg #30 on 5/8/15. The patient's diagnosis per Request for Authorization form dated 5/8/15 is s/p L5-S1 transforaminal lumbar inter body fusion. The patient is taking 2 Norco at night and only Robaxin during the day per 5/8/15 report. The patient continues to do well per 5/8/15 report. The patient is also taking Ambien per 5/8/15 report. The patient's physical exam is unchanged from prior evaluation per 5/1/15 report. The patient also complains of right leg numbness, and his range of motion is limited per 2/2/15 report. The patient's work status is temporarily totally disabled for 12 weeks per 5/1/15 report. ODG guidelines, Pain (Chronic) under Zolpidem: Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 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. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. In this case, the patient is currently taking Zolpidem but it is not clear when the medication was prescribed for the first time. Review of reports does not mention the efficacy of Zolpidem. ODG only recommends it for short-term (7-10 days) treatment of insomnia, as the current request for #30 tabs does not appear to be for short term, the requested Ambien IS NOT medically necessary.