

Case Number:	CM15-0165896		
Date Assigned:	09/10/2015	Date of Injury:	11/04/2014
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, 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 is a 50 year old female, who sustained an industrial injury on 11-04-2014. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar spine, grade II spondylolisthesis at L5-S1 with right sided L5 radiculopathy. Treatment and diagnostics to date has included home exercise program and medications. Current medications include Ambien, Celebrex, Flexeril, and Ultram. In the most recent progress note dated 05-06-2015, the injured worker reported lumbar spine pain. Objective findings included lumbar spasms, increased pain with motion, tenderness upon palpation to lumbar region, and positive right sided Lasegue's test. The treating physician noted that "MRI scan of the lumbar spine demonstrates grade II spondylolisthesis with compression of the L5 nerve root bilaterally". The Utilization Review with a decision date of 08- 13-2015 modified the request for Cyclobenzaprine 10mg #30 with 5 refills, Tramadol 50mg #30 with 5 refills, and Zolpidem 10mg #30 with 5 refills to Cyclobenzaprine 10mg #30 to allow for weaning, Tramadol 50mg #30 to allow for weaning, and Zolpidem 10mg #30 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tablets 10mg, 30 days supply quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril several months along with Tramadol and Celebrex. The 5 refills would well exceed the amount recommended by the guidelines. Continued and chronic use of Cyclobenzaprine (Flexeril) is not medically necessary.

Tramadol Hydrochloride tablets 50mg 30 day supply quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain scores were not noted. Long-term use is not recommended. Future need and benefit cannot be determined. Failure of Tylenol, Tricyclic or weaning failure is unknown. The 5 refills of Tramadol is not justified and not medically necessary.

Zolpidem tablets 10mg 30 day supply quantity 60 with five refills: Upheld

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

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a

psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication without mention of the etiology of sleep disturbance. Failure of behavioral interventions is not noted. Long-term use is not recommended. Continued use of Zolpidem (Ambien) with 5 refills is not medically necessary.