

Case Number:	CM15-0183427		
Date Assigned:	09/24/2015	Date of Injury:	01/15/2004
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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 50 year old male patient who sustained an industrial injury on 01-15-2004. The diagnoses include low back pain due to degenerative facet changes, back sprain and muscle spasm. According to the treating physician's progress report on 07-10-2015, he was re-evaluated for back pain, medication refills and requesting a radiofrequency ablation. He had stable back pain, unchanged from prior visit and mainly located in the left lower back. The physical examination revealed a non-antalgic gait with a tender spot at the left lower back. A combination of lumbar extension and left lateral flexion can aggravate the pain with spasm. The medications list includes Norco 10mg-325mg, Flexeril, Dextromethamphetamine (prescribed by psychiatrist for attention deficit hyperactivity disorder) and Ambien. The patient has been on Norco 10mg- 325mg, Flexeril and Ambien since at least April 2014. He has had lumbar spine MRI dated 4/1/2004. The patient is status post right radiofrequency ablation at L4-L5 and L5-S1 on 09-18- 2014. Treatment plan consists of continuing with medication regimen and a current request for refills. On 08-17-2015 the Utilization Review determined the request for Ambien CR 12.5mg #30 was not established and therefore not certified. The Utilization Review modified the request for Flexeril 10mg #180 to Flexeril 10mg #45 to allow for tapering and discontinuation on 08-17- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #45: Overturned

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), Muscle relaxants (for pain).

Decision rationale: Flexeril 10mg #45. 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. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. 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 chronic low back pain. Patient has objective findings on the physical examination of the lumbar spine- tenderness and spasm. The patient has chronic pain with abnormal 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 10mg #45 is medically necessary to use as prn during acute exacerbations.

Ambien CR 12.5mg #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) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15), Zolpidem (Ambien).

Decision rationale: Ambien CR 12.5mg #30. 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 (7-10 days) 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." A detailed rationale for the long term use of Ambien is not specified in the records provided. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The request for Ambien CR 12.5mg #30 is not medically necessary for this patient at this time given the medical records submitted and the guidelines referenced.