

Case Number:	CM15-0183961		
Date Assigned:	09/24/2015	Date of Injury:	01/23/2013
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, mid back, and low back pain reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for Flexeril, Ambien, and a follow-up visit. The claims administrator referenced an RFA form received on August 27, 2015 and an associated office visit of August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On April 4, 2015, the applicant underwent a revision left L5-S1 lumbar decompression surgery. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The most recent note on file was in fact dated April 4, 2015, i.e., three days after the operative report of April 1, 2015. Thus, the August 18, 2015 office visit, which the claims administrator based its decision upon, was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, thirty count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." The claims administrator's Utilization Review report did suggest that the applicant was using a variety of other agents, including OxyContin and immediate-release morphine. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet supply of cyclobenzaprine (Flexeril) at issue represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ambien CR 12.5 mg, thirty count with no 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien) and Other Medical Treatment Guidelines Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the claims administrator's UR report suggested the request in question represented a renewal request for Ambien and, in effect, represented treatment which ran counter to the FDA label and to ODG's Mental Illness and Stress Chapter Zolpidem topic, which also notes that Ambien is recommended only for short-term use purposes for insomnia. The August 18, 2015 office visit at issue was not, moreover, seemingly incorporated into the IMR packet. While it is acknowledged that the August 18, 2015 office visit on which the claims administrator based his decision upon was not seemingly incorporated into the IMR packet, the historical information on file, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Return visit with [REDACTED] (DOS - 9/9/2015): Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Finally, the request for a return office visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. The applicant had undergone earlier surgery and was using a variety of medications. A follow-up visit was, thus, indicated on several levels, including for disability management and/or medication management purposes. Therefore, the request was medically necessary.