

Case Number:	CM15-0185551		
Date Assigned:	09/25/2015	Date of Injury:	07/24/2003
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 68 year old male, who sustained an industrial injury on 7-24-03. The injured worker was diagnosed as having left cubital tunnel syndrome, lumbar radiculitis, status post right carpal tunnel release and status post multiple left wrist surgeries. The physical exam on 6-3-15 revealed 8 out of 10 pain and numbness and tingling in the L5-S1 dermatome. Treatment to date has included chiropractic treatments, an EMG-NCV on 5-13-14, acupuncture and a lumbar MRI. Current medications include Neurontin, Roxicodone, Cyclobenzaprine and Ambien (since at least 8-21-14). As of the PR2 dated 8-28-15, the injured worker reports pain in his lower back. He rates his pain 7 out of 10. Objective findings include a positive straight leg raise test on the left at 40 degrees, decreased sensation to light touch on the left and "limited" range of motion secondary to pain. The treating physician requested Ambien 12.5mg #30 and Flexeril 7.5mg #90. On 9-1-15, the treating physician requested a Utilization Review for Ambien 12.5mg #30, Flexeril 7.5mg #90, Roxicodone 30mg #90 and Neurontin 400mg #60. The Utilization Review dated 9-9-15, non-certified the request for Ambien 12.5mg #30 and Flexeril 7.5mg #90 and certified the request for Roxicodone 30mg #90 and Neurontin 400mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30 take one tablet at bedtime: 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, Online Version, 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 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 for over a year. The etiology of sleep disturbance was not defined or further evaluated. The high dose provided increases the risk of early death. Continued use of Zolpidem (Ambien) is not medically necessary.

Flexeril 7.5mg #90 take one tablet 3 times a day: 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 for over a year in combination with opioids. This increase rate of addiction and side effects. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.