MAXIMUS Federal Services

Case Number:	CM15-0193720		
Date Assigned:	10/07/2015	Date of Injury:	11/17/2006
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 43-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 17, 2006. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for Flexeril and Ambien. The claims administrator referenced an office visit and an associated RFA form received on September 18, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 18, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported 6-7/10 pain without medications versus 4/10 pain with medications. The applicant was reportedly doing thrice-weekly exercises. Large portions of the note comprised of preprinted checkboxes. The applicant was working on a full-time basis, it was suggested. The applicant was using medications to include Norco, it was acknowledged. Various medications were refilled through preprinted checkboxes, the treating provider reported. On April 29, 2015 progress note, it was suggested that the applicant was using terazosin, Norco, Ambien, Flexeril, and Motrin as of that point in time. The applicant had reportedly been using each of these medications since November 2014, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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. Here, the applicant was, in fact, using a variety of other agents, including Norco, Ambien, Motrin, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet one-refill supply of Flexeril (cyclobenzaprine) at issue, in and of itself, 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, 1 month supply: 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-TWC), Chapter: Pain (Chronic) - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

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 the 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. Continued usage of Ambien, thus, represented treatment which ran counter to the FDA label and also represented treatment in excess of ODG?s Mental Illness and Stress Chapter Zolpidem topic which likewise notes that Ambien is not recommended for long-term use purposes, but, rather, should be reserved for short-term use purposes. Therefore, the renewal request for Ambien was not medically necessary.