

<b>Case Number:</b>	CM15-0199164		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/22/2002
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female with a date of injury of September 22, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar post laminectomy syndrome, lumbar degenerative disc disease, and lower back pain. Medical records dated August 10, 2015 indicate that the injured worker complained of increased lower back pain rated at a level of 4 out of 10 and 10 out of 10 without medications, and poor sleep quality. Records also indicate that the injured worker's activity level had decreased. A progress note dated September 16, 2015 documented complaints of lower back pain rated at a level of 6 out of 10 and 9 out of 10 without medications, and poor sleep quality. The report also indicates that the injured worker's activity level has increased. Per the treating physician (September 16, 2015), the employee was not working. The physical exam dated August 10, 2015 reveals a slightly antalgic gait, restricted range of motion of the lumbar spine, tenderness to palpation and hypertonicity of the lumbar paravertebral muscles bilaterally, positive lumbar facet loading bilaterally, positive straight leg raise on the right, positive FABER test, and decreased sensation to pinprick over the lateral foot and lateral calf on the right. The progress note dated September 16, 2015 documented a physical examination that showed no changes from the examination performed on August 10, 2015. Treatment has included epidural steroid injections with only a few days of pain relief, and medications (Lyrica 100mg three times a day, Flector patches 1.3% once a day, Cymbalta 60mg once a day, Zanaflex 4mg three times a day as needed, Ambien 10mg at bedtime, Duragesic patches 75mcg per hour every three days, and Norco 10-325mg one to two tablets three times a day since at least April of 2015). The treating physician documented that the urine drug screen dated May 16, 2013 showed "Results consistent." The

original utilization review (September 30, 2015) partially certified a request for a thirty day supply of Ambien 10mg to allow for weaning (original request for #30 with one refill) and a thirty day supply of Flexeril 10mg to allow for weaning (original request for #60 with one refill).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury in September 2002 with injuries to the left shoulder, elbow, knee and low back and is being treated for chronic low back pain including a diagnosis of post-laminectomy syndrome. In August 2015, Zanaflex had been denied and Flexeril was prescribed. Ambien was being prescribed on a long-term basis. When seen, medications were decreasing pain from 9/10 to 6/10. Her quality of sleep was poor. Physical examination findings included a body mass index over 30. There was a slightly antalgic gait. There was decreased and painful lumbar range of motion. Lumbar facet loading was positive bilaterally and right straight leg raising was positive. Fabere testing was positive. Strength testing was limited by pain. There was decreased right lower extremity sensation. Gabapentin was discontinued and a trial of Nortriptyline was started. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Ambien appears ineffective as the claimant has poor sleep quality. Ongoing prescribing is not medically necessary.

**Flexeril 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant has a remote history of a work injury in September 2002 with injuries to the left shoulder, elbow, knee and low back and is being treated for chronic low back pain including a diagnosis of post-laminectomy syndrome. In August 2015, Zanaflex had been denied and Flexeril was prescribed. Ambien was being prescribed on a long-term basis. When seen, medications were decreasing pain from 9/10 to 6/10. Her quality of sleep was poor. Physical examination findings included a body mass index over 30. There was a slightly antalgic gait. There was decreased and painful lumbar range of motion. Lumbar facet loading was positive bilaterally and right straight leg raising was positive. Fabere testing was positive. Strength testing was limited by pain. There was decreased right lower extremity sensation. Gabapentin was discontinued and a trial of Nortriptyline was started. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Muscle relaxants have been prescribed on a long-term basis. Continued prescribing is not medically necessary.