

<b>Case Number:</b>	CM15-0204344		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 32 year old female, who sustained an industrial injury on 4-12-2012. The medical records indicate that the injured worker is undergoing treatment for reflex sympathetic dystrophy of the upper limb, cervical disc displacement without myelopathy, brachial neuritis or radiculitis, carpal tunnel syndrome, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and myalgia and myositis. According to the progress report dated 9-28-2015, the injured worker presented with complaints of pain in the neck, lower back, left upper extremity, left shoulder, left wrist, and left hand. On a subjective pain scale, she rates her pain 6 out of 10. The pain is characterized as aching, dull, and sharp. In addition, she reports poor sleep and depressive symptoms. The treating physician states that "the level of sleep for the patient had decreased due to difficulty in falling asleep and due to difficulty staying asleep". The mental status examination shows the patient to be depressed, tearful, and have poor communication ability. The current medications are Norco, Fioricet, Protonix, Ambien (since at least 2013), Xanax (since at least 5-12-2015), Brintellix, and Flexeril (since at least 2013). The records did not indicate when Fioricet was originally prescribed. Previous diagnostic studies include electrodiagnostic testing and MRI. Treatments to date include medication management, TENS unit, acupuncture, steroid injection, and cervical epidural steroid injection. Work status is described as working full time without restrictions. The original utilization review (10-7-2015) partially approved a request for Fioricet #34 (original request was for #45) and Xanax 0.5mg #45 (original request was for #60) to allow for weaning. The request for Ambien 10mg #30 and Cyclobenzaprine 10mg #30 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ambien 10 MG Qty 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per ODG Mental Illness: Zolpidem (Ambien).

**Decision rationale:** Per ODG Mental Illness: Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. The patient has been on Ambien for two years. ODG does not support long term use of this medication. The request is not medically necessary because it exceeds guidelines.

### **Cyclobenzaprine 10 MG Qty 30:** Upheld

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

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

**Decision rationale:** Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Per MTUS page 63, Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient has been on this medication for two years. MTUS does not support long term use of this medication. The request is not medically necessary.

### **Fioricet 50/300/40 MG Qty 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** Per MTUS, Chronic Pain Medical Treatment Guidelines, page 23: Barbiturates are: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. The request is not medically necessary. MTUS does not support

use of barbiturates. The requested medication contains a barbiturate. Therefore, the request is not medically necessary.

**Xanax .5 MG Qty 60:** 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): Benzodiazepines.

**Decision rationale:** Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Therefore this request is not medically necessary.