

<b>Case Number:</b>	CM15-0207309		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/06/1992
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 48 year old male, who sustained an industrial injury on 5-6-92. Medical records indicate that the injured worker is undergoing treatment for pain in the joint of the leg, lumbar post-laminectomy syndrome, lumbar-lumbosacral spine intervertebral disc degeneration, thoracic-lumbar neuritis-radiculitis, thoracic spine intervertebral disc degeneration, cervical spinal stenosis and insomnia. The injured workers current work status was not identified. On (9-18-15) the injured worker complained of continued back pain with spasms. The pain was rated at least a 7 out of 10. Medications were noted to help the pain. The injured worker noted that the increase in Oxycodone at the prior visit was very helpful and he is better able to function. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles, spasm and bilateral trigger points. A straight leg raise test was positive bilaterally. Manual therapy was performed to help with acute muscle spasms. The injured worker denied heartburn and stomach ulcers. There are no complaints regarding sleep or insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Treatment and evaluation to date has included medications, urine drug screen, physical therapy and injections. Current medications include Oxycodone, Methadone, Ambien (since at least March of 2015), Flexeril (since at least March of 2015), Naprosyn, Effexor and Remeron. The Request for Authorization dated 9-18-15 included requests for Ambien 10 mg #30 and Flexeril 7.5 mg #90. The Utilization Review documentation dated 9-28-15 non-certified the request for Ambien 10 mg #30 and Flexeril 7.5 mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 MG #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 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 several months. The etiology of sleep disturbance was not defined or further evaluated. Pain caused the sleep disturbance predominantly rather than a primary sleep disorder. Continued use of Zolpidem (Ambien) is not medically necessary.

**Flexeril 7.5 MG #90:** 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:** 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 several months in combination with NSAIDS, Opioids and muscle relaxants. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.