

Case Number:	CM15-0026959		
Date Assigned:	02/19/2015	Date of Injury:	03/28/2003
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male sustained an industrial injury on 3/28/03. He subsequently reports chronic low back pain. The injured worker has undergone lumbar back surgery. Treatments to date have included spinal cord stimulator, injections and prescription pain medications. On 2/12/15, Utilization Review non-certified the requests for a prescription of Ambien 10mg #30 and a prescription of Flexeril 10mg #60. The Flexeril 10mg #60 was denied based on MTUS Chronic Pain guidelines. The prescription of Ambien 10mg #30 was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with lumbar spine pain. The patient is status post lumbar fusion from 05/07/2012. The treater is requesting 1 PRESCRIPTION OF FLEXERIL 10 MG QUANTITY 60. The RFA dated 01/06/2015 notes, "see page #4-5 of 12/22/2014 report." The patient's date of injury is from 03/28/2003 and the patient is not permanent and stationary. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 06/19/2014. The 12/19/2014 report shows that the patient's current pain without medication is 8/10 and 6/10 with medication use. In this case, while the patient notes analgesia with medication use, Flexeril is not supported for long-term use. The request IS NOT medically necessary.

1 prescription of Ambien 10mg #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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter on zolpidem.

Decision rationale: This patient presents with lumbar spine pain. The patient is status post lumbar fusion from 05/07/2012. The treater is requesting 1 prescription of Ambien 10 mg quantity 30. The RFA dated 01/06/2015 notes, "see page #45 of 12/22/2014 report." The patient's date of injury is from 03/28/2003 and his current work status is not permanent and stationary. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 06/19/2014. Ambien is not supported for long-term use based on the MTUS Guidelines. The request IS NOT medically necessary.