

Case Number:	CM15-0213468		
Date Assigned:	11/03/2015	Date of Injury:	02/01/2004
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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, Illinois

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 injured worker is a 51 year old female who sustained an industrial injury on 2-1-04. The medical records indicate the injured worker has been diagnosed of intervertebral disc displacement- lumbosacral region and intervertebral disc disorders with radiculopathy - lumbosacral region. Subjective complaints (10-16-15) include back pain radiating from the low back down both legs. Pain with medications is rated 3 out of 10 and without medications is rated 6 out of 10. Quality of sleep is poor. The worker notes she is not taking Ambien CR every night, she takes it if she is unable to get to sleep by 10pm and that it has been helpful during exacerbation of low back pain. It is noted for severe spasms she uses Flexeril and uses Soma when not able to adequately decrease severe acute spasms. Function with medications: is able to lift to 15 pounds, walk 5 blocks, sit 60 minutes, stand 30 minutes and perform household tasks for approximately 30 minutes at a time. Function without medications: is able to lift 5 pounds, walk 1 block or less, sit 30 minutes, stand 15 minutes or less, and perform household tasks for approximately less than 10 minutes at a time. Objective findings (10-16-15) include increased lower back pain that radiates to legs bilaterally, appears to be in pain with mild distress, an antalgic slowed gait, and lumbar spine restricted range of motion with flexion and extension, and spasm and tenderness of lumbar paravertebral muscles on palpation. A urine drug screen (9-18-15): was positive for Gabapentin, Oxycodone, Soma, and negative for Ambien. Work status is noted as the worker returned to work full time on 4-14-14 and that with ongoing transforaminal epidural steroid injections, bilateral lower extremity pain reduced 100% and further managed with the use of Neurontin. It is noted that without medications, the worker would not be able to

work full time without restrictions, and "would be unable to get out of bed and continue to provide for her family." Previous treatment includes Senokot-s, Gabapentin, Terocin Lotion, Ambien CR, Percocet, Soma, transforaminal epidural steroid injections (most recently 5-20-15, 8-2014 with 100% pain relief reported), and physical therapy. On 10-23-15, the requested treatment of Flexeril 5mg #30 and Ambien CR 12.5mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, #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: The injured worker sustained a work related injury on 2-1-04. The medical records indicate the injured worker has been diagnosed of intervertebral disc displacement-lumbosacral region and intervertebral disc disorders with radiculopathy -lumbosacral region. Treatments have included Senokot-s, Gabapentin, Terocin Lotion, Ambien CR, Percocet, Soma, transforaminal epidural steroid injections (most recently 5-20-15, 8-2014 with 100% pain relief reported), and physical therapy. The medical records provided for review do not indicate a medical necessity for Flexeril 5mg, #30. Flexeril (Cyclobenzaprine) is a muscle relaxant with a dosing recommendation of 5 to 10 mg three times a day for no longer than 2-3 weeks. Like other muscle relaxants, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records indicate the injured worker has been using this medication at least since 05/2013; therefore, the requested treatment is not medically necessary.

Ambien CR 12.5, #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), Pain (chronic): Zolpidem (Ambien) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Zolpidem (Ambien®).

Decision rationale: The injured worker sustained a work related injury on 2-1-04. The medical records indicate the injured worker has been diagnosed of intervertebral disc displacement-lumbosacral region and intervertebral disc disorders with radiculopathy -lumbosacral region. Treatments have included Senokot-s, Gabapentin, Terocin Lotion, Ambien CR, Percocet, Soma, transforaminal epidural steroid injections (most recently 5-20-15, 8-2014 with 100% pain relief reported), and physical therapy. The medical records provided for review do not indicate a

medical necessity for Ambien CR 12.5, #30. The MTUS is silent on this medication, but the Official Disability Guidelines describes it as Zolpidem (Ambien), a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The medical records indicate she has been using this medication at least since 05/2013; therefore the requested treatment is not medically necessary.