

Case Number:	CM15-0224484		
Date Assigned:	11/20/2015	Date of Injury:	07/01/2013
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/16/2015

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:

The injured worker is a 26-year-old male, who sustained an industrial injury on 7-1-2013. According to physician documentation, the injured worker was diagnosed with lumbar spine disc injury, lumbar spine strain and lumbar spine radiculopathy. Subjective findings dated 8-11-2015; 9-14-2015 and 10-2-2015 were notable for increased pain and discomfort in both legs with flare-up pain and discomfort in the back. Objective findings dated 8-28-2015, 9-14-2015 and 11-4-2015, were notable for lumbosacral tenderness on palpation with painful range of motion and flexion and extension being 50% normal with a positive bilateral straight leg raise test and 2+ deep tendon reflexes equal in bilateral lower extremities. Treatment to date has included acupuncture, epidural injections, Tylenol #4, Zanaflex 2mg, Lodine 500mg, Ambien 10mg, (since at least 7-22-2014), Flexeril 10mg, (since at least 2-4-2014) Norco 10-325mg (since at least 2-4-2014) and Ketoprofen cream. The Utilization Review determination dated 11-4-2015 did not certify treatment/service requested for Flexeril 10mg #30, Ambien 10mg, #30 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 1 per day: 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in July 2013 when he developed low back pain while lifting a heavy marble table. An MRI of the lumbar spine in November 2013 included findings of an L5/S1 central disc protrusion and electrodiagnostic testing in February 2014 showed findings suggest above bilateral S1 radiculopathy. In April 2015, the claimant underwent an L5/S1 interlaminar epidural injection. In June 2015, medications were Norco, Ambien, and Flexeril. A functional restoration program had been requested. In September 2011 he was having increased pain and discomfort in his back and legs. He was having a flare-up of symptoms. Flexeril was discontinued and Amrix (extended release cyclobenzaprine) was prescribed. When seen in October 2015 he was having severe pain and discomfort in the low back shooting down into his legs. The functional restoration program had been denied. He was having increased pain due to the flareup of pain. Physical examination findings included lumbosacral tenderness with decreased and painful range of motion. Straight leg raising was positive bilaterally. Norco, Ambien, and Flexeril were prescribed. Modified work was continued. 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, cyclobenzaprine has been prescribed since prior to the flare-up of pain in September 2015. The quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing pain. Continued prescribing is not considered medically necessary.

Ambien 10 mg #30 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

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 sustained a work injury in July 2013 when he developed low back pain while lifting a heavy marble table. An MRI of the lumbar spine in November 2013 included findings of an L5/S1 central disc protrusion and electrodiagnostic testing in February 2014 showed findings suggest above bilateral S1 radiculopathy. In April 2015 the claimant underwent an L5/S1 interlaminar epidural injection. In June 2015 medications were Norco, Ambien, and Flexeril. A functional restoration program had been requested. In September 2011, he was having increased pain and discomfort in his back and legs. He was having a flare-up of symptoms. Flexeril was discontinued and Amrix (extended release cyclobenzaprine) was

prescribed. When seen in October 2015 he was having severe pain and discomfort in the low back shooting down into his legs. The functional restoration program had been denied. He was having increased pain due to the flare-up of pain. Physical examination findings included lumbosacral tenderness with decreased and painful range of motion. Straight leg raising was positive bilaterally. Norco, Ambien, and Flexeril were prescribed. Modified work was continued. 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. The requested Ambien is not considered medically necessary.