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| Case Number: | CM15-0033446 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 06/16/2003 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 34-year-old male, who sustained an industrial injury on June 16, 2003. He has reported a back injury. The diagnoses have included lumbar disc displacement. Treatment to date has included lumbar surgery, radiology imaging, medications, and a home exercise program. Currently, the IW complains of chronic back pain with muscle spasms, and radiation into the left leg. He reports having 50% pain reduction with medications. He rates his pain level as 8/10 with medications, and 10/10 without medications. He reports being able to take care of his children while his wife was at work. Physical findings indicated are range of motion flexion 30 degrees, and extension 10 degrees. Muscle spasms are noted in the lumbar region, and a perceptible limp is noted in his gait. He is noted to have been utilizing Ambien and Robaxin since at least 2012. On February 6, 2015, Utilization Review non-certified Ambien 10mg #30, and Robaxin 750mg #240. The MTUS guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Ambien 10mg #30, and Robaxin 750mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

Decision rationale: According to ODG guidelines, “Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency”. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.

Robaxin 750mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Robaxin, Relaxin, generic available).

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

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis since at least 2012). The request for Robaxin 750mg #240 is not medically necessary.