

Case Number:	CM15-0047873		
Date Assigned:	03/19/2015	Date of Injury:	02/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on February 28, 2014. The injured worker was diagnosed as having lumbar strain with stenosis, radiculitis and facet pain, post-traumatic headaches and right femur fracture secondary to fall. Treatment to date has included home exercise program, medications and modified work duties. Currently, the injured worker complains of aching and stabbing low back pain, which she rates as a 9 on a 10-point scale. She complains of right knee pain which she rates an 8 on a 10-point scale and headache. She reports that her numbness and tingling caused a fall during which she broke her femur. She is non-weight bearing and is in a wheelchair. Her treatment plan includes Ambien for sleep as needed and Flexeril used as needed for spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 x 2 refills: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: The patient presents with low back pain rated at 9/10, right knee pain rated at 8/10 and headache rated at 8/10. The request is for Ambien 10mg #30 x 2 refills. The request for authorization is dated 02/06/15. The patient is status-post right femur fracture, date unspecified. She also complains of numbness and tingling in her legs that made the patient fall down and break her femur. The patient is non-weight bearing and is in a wheelchair. She is not attending therapy. Patient's medications include Cyclobenzaprine, Lisinopril, Hydrocodone and Vancomycin. The patient is on modified-duty. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per progress report dated, 02/06/15, treater's reason for the request is it "will be utilized for sleep as needed." The patient is prescribed Ambien since at least 04/30/14. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. However, the treater does not document or discuss its efficacy and how it has been used. Furthermore, the request for additional Ambien #30 with 2 refills does not indicate intended short-term use of this medication. The request is not in line with guideline indications; therefore, the request is not medically necessary.

Flexeril 10mg #90 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with low back pain rated at 9/10, right knee pain rated at 8/10 and headache rated at 8/10. The request is for Flexeril 10mg #90 x 2 refills. The request for authorization is dated 02/06/15. The patient is status-post right femur fracture, date unspecified. She also complains of numbness and tingling in her legs that made the patient fall down and break her femur. The patient is non-weight bearing and is in a wheelchair. She is not attending therapy. Patient's medications include Cyclobenzaprine, Lisinopril, Hydrocodone and Vancomycin. The patient is on modified-duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid,

generic available): Recommended for a short course of therapy."Per progress report dated, 02/06/15, treater's reason for the request is it "will be utilized for spasm." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient is prescribed Flexeril since at least 04/30/14. Furthermore, the request for additional Flexeril #90 with 2 refills would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.