

<b>Case Number:</b>	CM15-0051663		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 60 year old man sustained an industrial injury on 11/25/2008. The mechanism of injury is not detailed. Evaluations include lumbar spine MRIs dated 2/18/2014 and 1/8/2009. Diagnoses include acquired spondylosis, lumbar spinal stenosis, and chronic pain. Treatment has included oral medications and lumbar epidural steroid injections. Physician notes dated 2/18/2015 show continued complaints of low back pain. Recommendations include biofeedback, extension of surgical consultation, transition to Tramadol, Ambien, Flexeril, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg #90:** Upheld

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

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

**Decision rationale:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left lower extremity. The request is for CYCLOBENZAPRINE 10MG #90. Patient's diagnosis per Request for Authorization form dated 03/03/15 includes acquired spondylolisthesis, stenosis spinal lumbar, pain psychogenic NEC, chronic pain NEC, therapeutic drug monitor, long-term use meds NEC. Treatment has included oral medications and lumbar epidural steroid injections. Patient medications include Cyclobenzaprine and Ambien. The patient is permanent and stationary, per 02/18/15 treater report. 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 agent arecarisoprodol, 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." Cyclobenzaprine has been included in patient's medications, per treater reports dated 07/23/14, 11/12/14, and 03/18/15. Cyclobenzaprine has been prescribed at least since 07/23/14, which is almost 8 months from UR date of 03/10/15. MTUS only recommends short-term use of this medication. Furthermore, the request for quantity 90 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Ambien 5 mg #90:** 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), 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:** Based on the 02/18/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left lower extremity. The request is for AMBIEN 5MG #90. Patient's diagnosis per Request for Authorization form dated 03/03/15 includes acquired spondylolisthesis, stenosis spinal lumbar, pain psychogenic NEC, chronic pain NEC, therapeutic drug monitor, long-term use meds NEC. Treatment has included oral medications and lumbar epidural steroid injections. Patient medications include Cyclobenzaprine and Ambien. The patient is permanent and stationary, per 02/18/15 treater report. ACOEM and MTUS Guidelines do not address Ambien. 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. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)." Ambien has been included in patient's medications, per treater reports dated 01/08/14, 11/12/14, and 03/18/15. Ambien has been prescribed at least since 01/08/14, which is almost 14 months from UR date of

03/10/15. In this case, ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for quantity 90 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. The request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.