

Case Number:	CM15-0056007		
Date Assigned:	04/01/2015	Date of Injury:	09/27/2003
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on September 27, 2003. He reported neck, back, hips, and knee injuries. The injured worker was diagnosed as having chronic cervical musculoligamentous sprain/strain with 3 mm herniation per MRI study, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, right shoulder arthroscopic subacromial decompression, status post left knee arthroscopic surgery with medial meniscal repair in 2003 with residual chondromalacia patella and osteoarthritis, and lumbar 4-lumbar 5 and lumbar 5-sacral 1 annular tears with 2-3 mm disc protrusion per MRI study in 2013. Treatment to date has MRIs, x-rays, included physical therapy, acupuncture, electrodiagnostic studies, work modifications, and medications including pain, anti-epilepsy, muscle relaxant, sleep and non-steroidal anti-inflammatory. On February 16, 2015, the injured worker complains of persistent neck, lower back, and bilateral knee pain. The lower back pain radiates to the right leg. He currently takes pain, non-steroidal anti-inflammatory, and sleep medications, which help his pain. The physical exam revealed decreased cervical range of motion and positive bilateral cervical compression with radiation to the parascapular area and radiation to the upper arms. There was positive bilateral Spurling's test and decreased sensation of the bilateral anterolateral forearms. The bilateral shoulder had slight decreased range of motion and positive bilateral impingement sign, right greater than the left. There was limited elbow range of motion, pain on the lateral portion of the elbow with negative Cozen sign. There was global tenderness of the upper trapezius, mid thoracic paravertebral, and lumbar

paravertebral muscles. There was decreased range of motion of the knees and tenderness over the medial and lateral portions of the joint space. The treatment plan includes prescriptions for his current pain, non-steroidal anti-inflammatory, and sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Medication Flexeril 10mg #60 (Dispensed) 1/8/2015: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril in combination with NSAIDs since 2013. Prolonged use is not recommended and not medically necessary.

Retrospective 1 Medication Ambien 10mg #30 (Dispensed) 1/8/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Medications.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the Official Disability Guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Recent note from 1/8/15 did not comment on sleep pattern and Ambien use. Continued use of Zolpidem (Ambien) is not medically necessary.