

<b>Case Number:</b>	CM15-0080360		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, 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:

This is a 53-year-old male patient, who sustained an industrial injury on 01/08/2003. Diagnoses included chronic pain syndrome, disc degeneration lumbosacral, insomnia, peripheral neuropathy, spinal stenosis and status post lumbar spinal fusion. According to a progress report dated 04/01/2015, he presented with complaints of gradual onset of intermittent episodes of moderate symmetrical and bilateral lower back pain. Symptoms were improved by opioid analgesics and were unchanged. The physical examination revealed poor ambulation with cane and limited SLR on the right due to increased pain in the lower back. The current medications list includes cyclobenzaprine Fentanyl patch, Hydrocodone-Acetaminophen, Tramadol, and Zolpidem. He has had lumbar CT scan on 10/1/2014. He has undergone lumbar spine fusion from L3-S1 and removal of implant and refusion at L5-S1. He has had TENS unit for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Cyclobenzaprine 10mg. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use; Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had chronic low back pain with history of lumbar spine surgeries. Physical examination revealed poor ambulation with cane and limited SLR on the right due to increased pain in the lower back. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 10mg is medically necessary to use as prn during acute exacerbations.

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Zolpidem (Ambien).

**Decision rationale:** Zolpidem 10mg #30. Zolpidem is a short-acting non- benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long- term." A trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Zolpidem 10mg #30 is not fully established for this patient at this time. This request is not medically necessary.