

<b>Case Number:</b>	CM15-0081734		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/29/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56-year-old male, with a reported date of injury of 10/29/2000. The diagnoses include lumbar radiculopathy, chronic pain, degeneration of lumbar intervertebral disc, osteoarthritis of the spinal facet joint, and myofascial pain. Treatments to date have included an MRI of the lumbar spine, oral medications, and bilateral lumbar transforaminal epidural steroid injection. The medical report dated 04/01/2015 indicates that the injured worker complained of low back pain with radiculopathy. He stated that the low back pain and left leg pain were rated 5 out of 10 with medications and 7-8 out of 10 without medications. The injured worker reported that the pain medication regimen continued to keep the pain within a management level to allow him to complete the necessary activities of daily living. It was noted that he was currently having difficulty sleeping due to his pain. The injured worker was working part-time. The objective findings include tenderness and tightness across the lumbosacral joints on palpation; significant increase of muscle spasms under palpation; restricted lumbar range of motion; positive bilateral straight leg raise test; and abnormal sensation radiated to the left leg. The treating physician requested Ambien 5mg #30 and Flexeril 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg quantity 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, Pain (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien).

**Decision rationale:** This 56 year old male has complained of low back pain since date of injury 10/29/00. He has been treated with physical therapy, epidural steroid injections and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.

**Flexeril 10mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 56 year old male has complained of low back pain since date of injury 10/29/00. He has been treated with physical therapy, epidural steroid injections and medications to include Cyclobenzaprine for at least 4 weeks duration. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.