

Case Number:	CM15-0082414		
Date Assigned:	05/04/2015	Date of Injury:	07/13/2005
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old male who sustained an industrial injury on 7/13/05. Injury occurred when the air valve seat on the bus he was driving collapsed, causing him to hit the floor. The 4/9/14 lumbar spine MRI documented multilevel degenerative disc changes. At L2/3 and L3/4, there were disc bulges and ligamentum flavum hypertrophy causing bilateral foraminal narrowing. At L4/5, there was a 3 mm disc bulge and facet and ligamentum hypertrophy causing bilateral foraminal narrowing. At L5/S1, there was a 2 mm disc bulge and facet arthrosis resulting in left foraminal narrowing. Records indicate that Flexeril and Ambien have been prescribed on a long-term basis, at least since 5/7/14. He had difficulty with sleep latency, not sleep maintenance. Records indicated that Biofreeze or Max Freeze have been dispensed since 9/9/14. He reportedly used this at the end of his exercise routine and for cryotherapy for acute exacerbations of muscle spasms. The 2/24/15 treating physician report cited on-going cervical, thoracic and lumbar pain. He was having increased flares of low back pain radiating down his legs. Lower extremity numbness and tingling had increased despite Lyrica. Pain was reported grade 9/10 and reduced to 4-5/10 with medication. Activities of daily living were improved with medications. Flexeril helped with some myofascial pain. Ambien helped with sleep. Physical exam documented increased lumbar paraspinal tenderness, decreased lumbar range of motion all planes, and intact deep tendon reflexes. Motor function was documented as 4/4 with giving way secondary to pain. The 4/3/15 utilization review certified requests for lumbar spine MRI, spine surgeon consultation, Norco 10/325 #180, and Motrin 800 mg #120. The request for Flexeril 10 mg #30 was modified to Flexeril 10 mg #20 to allow for initiation of a weaning process and

allow the provider time to find a suitable long-term substitute as long term use of Flexeril was not supported. The request for Ambien 10 mg #60 was non-certified based on lack of support for long-term use and no documentation of other guideline-supported treatment failures. The request for Max Freeze gel was non-certified as there was no documentation of failed first line neuropathic medications or other guideline-supported topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. MTUS guidelines specifically do not recommend the use of cyclobenzaprine (Flexeril) longer than 2 to 3 weeks. Guideline criteria have not been met. This patient has been using Flexeril on a long-term basis with report that it helped with some myofascial pain. The 4/3/15 utilization review modified this request for Flexeril 10 mg #30 to Flexeril 10 mg #20 to allow for initiation of a weaning process and allow the provider time to find a suitable long-term substitute as long term use of Flexeril was not supported. There is no compelling reason presented to support the medical necessity of medication beyond that previously allowed. Therefore, this request is not medically necessary.

Ambien 10mg #60: 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 (ODG) Pain (Chronic) Zolpidem (Ambien).

Decision rationale: The California MTUS does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem (Ambien) as first-line medication for the short term (7-10 days) treatment of insomnia. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Guidelines recommend that insomnia treatment be based on the etiology. 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. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next- day functioning. Guideline criteria have not been met. Records indicate that the patient has been using this medication since at least 5/7/14. There is documentation of improved sleep latency with the use of Ambien. However, there is no guideline support for this particular sleep medication beyond 7-10 days. Therefore, this request is not medically necessary.

Max-Freeze gel #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Biofreeze cryotherapy gel.

Decision rationale: Max Freeze includes the active ingredient menthol (3.7%). The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Official Disability Guidelines specifically address the use of BioFreeze for low back complaints, which has the same active ingredient as Max Freeze. Guidelines state that BioFreeze is recommended as an optional form of cryotherapy for acute pain. Guideline criteria have not been met. This patient presents with chronic spinal pain. There is no documentation to support the medical necessity of this product over a standard cold pack. There is no documentation of a specific functional benefit with this product that would support an exception to guidelines. Therefore, this request is not medically necessary.