

Case Number:	CM15-0084409		
Date Assigned:	05/06/2015	Date of Injury:	05/31/2012
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 was a 42-year-old female, who sustained an industrial injury, May 31, 2012. The injured worker previously received the following treatments left carpal tunnel release, arthroscopic surgery of the left knee, cervical radiculopathy, cervical spinal stenosis, EMG/NCS (electro diagnostic studies and nerve conduction studies)of the upper extremities were normal, cervical spine MRI, lumbar spine MRI, home exercise program, Norvasc, Tylenol#3, Ambien, Flexeril and Gabapentin. The injured worker was diagnosed with L3-L4 and L4-L5 disc desiccation, small tarlov cyst was noted at S2-S3 level, annular tear at L4-L5 diffuse left eccentric disc protrusion compressing the thecal sac, left neural foraminal narrowing, L3 exiting nerve roots were unremarkable, L4-L5 diffuse left eccentric disc protrusion compressing the thecal sac. Spinal canal compromised. There was bilateral neural foraminal narrowing, more marked on the left side, resulting in pressure over the left L4 exiting nerve root, cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, thoracic radiculitis, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, C4-C7 annular tear and L4-L5 annular tear. According to progress note of February 19, 2015, the injured workers chief complaint was neck pain, which radiated into the upper extremities. The radiation of pain was associated with frequent numbness in the bilateral upper extremities down to the hands. The injured worker rated the pain 2 out of 10 with medications and 4 out of 10 without pain medication. The cervical neck pain was aggravated by activity, flexion, extension, pulling, pushing, repetitive head motion and rotation. The low back pain had radiation of pain in the lower extremities. The pain was aggravated by activity. The physical

exam noted spasms of the bilateral trapezius muscles. The range of motion was slightly limited. There was decreased sensation in the left upper extremity, with the affected dermatome C6-C7. The motor exam showed decreased strength on the left in the extensor muscles. The spinal vertebral tenderness was noted in the cervical spine at C4-C7. There was tenderness noted upon palpation at the bilateral paravertebral C4-C7 area. The lumbar spine noted tenderness on palpation in the bilateral paravertebral area at L4-S1 levels. The range of motion was moderately decreased and limited due to pain. The straight leg raises were positive in a seated position on the left at 50 degrees. The left knee was tender to palpation. The range of motion was painful to the left lower extremity and positive subpatellar crepitus. The treatment plan included prescriptions for Ambien and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: Upheld

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

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

Decision rationale: Guidelines do not recommend use of Ambien long term. In this case, there is insufficient documentation of sleep behavior modification attempts or documentation of failed trials of other guideline supported treatments such as Lunesta. The request for Ambien 10 mg #30 is not medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Guidelines do not recommend long-term use of muscle relaxants. In this case, there is no explicit documentation of functional improvement from previous use of cyclobenzaprine and guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone. The request for cyclobenzaprine 10 mg #30 is not medically necessary.