

Case Number:	CM15-0087924		
Date Assigned:	05/12/2015	Date of Injury:	08/09/2003
Decision Date:	06/11/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 30-year-old, female who sustained a work related injury on 8/9/03. The diagnoses have included failed lumbar back syndrome, fibromyalgia/myositis and lumbar radiculopathy. The treatments have included spinal cord stimulator, medications, physical therapy, weight loss, lumbar spine surgery, lumbar epidural steroid injections and massage therapy. In the PR-2 dated 4/6/15, the injured worker complains of continuing, aching lower back pain that radiates into and down both legs. She has nausea with the pain. She forces herself to walk and believes the Meloxicam medication helps her to be more active. She states the medications help take the edge off her pain so that she can improve her activity level. She has tenderness to palpation of lumbar facets and over intervertebral disc spaces lumbar area. She has pain with anterior lumbar flexion and extension. The treatment plan includes continuation of medications with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 (ODG), Pain, Zolpidem (Ambien).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are failed back syndrome lumbar; history of fall; fibromyalgia/myositis; and radiculopathy lumbosacral. A review of the medical record indicates the injured worker was taking Ambien as far back as November 23, 2009. Ambien is a short acting non-benzodiazepine recommended for short-term (7-10 days) treatment of insomnia. There are no compelling clinical facts in the medical record to support the ongoing use of Ambien through 2015 (6 years). The current list of medications from April 6, 2015 include Ambien 10 mg; Duragesic 50g patch; Flexeril 10 mg; Meloxicam 7.5 mg Norco 10/325 mg Prilosec 40 mg; and Senokot. Subjectively, the injured worker has chronic low back pain that radiates to the bilateral lower extremities. Objectively, the injured worker has facet pain from L3-S1. The injured worker ambulates with a cane and an antalgic gait. The injured worker has a spinal cord stimulator. Consequently, absent compelling clinical documentation with objective functional improvement to support long-term Ambien 10 mg use with guideline recommendations indicating short-term (7-10 days) treatment of insomnia, Ambien 10 mg #30 is not medically necessary.

Flexeril 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are failed back syndrome lumbar; history of fall;

fibromyalgia/myositis; and radiculopathy lumbosacral. A review of the medical record indicates the injured worker was taking Flexeril 10 mg as far back as November 23, 2009. The current list of medications from April 6, 2015 include Ambien 10 mg; Duragesic 50g patch; Flexeril 10 mg; Meloxicam 7.5 mg Norco 10/325 mg Prilosec 40 mg; and Senokot. Subjectively, the injured worker has chronic low back pain that radiates to the bilateral lower extremities. Objectively, the injured worker has facet pain from L3-S1. The injured worker ambulates with a cane and an antalgic gait. The injured worker has a spinal cord stimulator. Flexeril is a muscle relaxant indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation of chronic low back pain. There are no compelling clinical facts in the medical record indicating ongoing long-term use of Flexeril is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement to support long-term Flexeril 10 mg use with guideline recommendations not to exceed short-term (7-10 days), Flexeril 10 mg #120 is not medically necessary.