

Case Number:	CM14-0121938		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2010
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48-year-old female was reportedly injured on March 9, 2010. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of low back pain and right knee pain. The physical examination demonstrated decreased sensation over the S-1 nerve distribution and decreased right ankle and knee strength 4+/5. There was atrophy of the quadriceps and fastest media LS on the right side and Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of an inferential unit, E STIM unit, heating pad, psychotherapy, physical therapy, chiropractic care, home exercise, trigger point injections, epidural steroid injections, a right knee steroid injection, a left knee Synvisc injection, a right knee meniscal repair, and a right knee total knee arthroplasty, and a right knee brace. A request had been made for Flexeril 10 mg and was non-certified in the pre-authorization process on July 18, 2014.

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 Cyclobenzaprine, Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Flexeril is not medically necessary.

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, Mental Health & Stress, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 10/06/14)

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request for Ambien is not medically necessary.