

Case Number:	CM14-0128808		
Date Assigned:	09/22/2014	Date of Injury:	02/09/1990
Decision Date:	10/27/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 9, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier cervical spine surgery; earlier lumbar spine surgery; psychotropic medications; adjuvant medications; an intrathecal pain pump; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 28, 2014, the claims administrator failed to approve request for Fexmid and Ambien. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back and neck pain, 9/10. The attending provider noted that the applicant was using a wheelchair to move about and was only able to do minimal house work, minimal cooking, and minimal cleaning. The applicant's medications list included intrathecal Morphine, intrathecal Bupivacaine, Norco, Motrin, Neurontin, Trazodone, Xanax, Ambien, Prilosec, and Fexmid. The applicant appeared somewhat distressed; it was stated in the clinic setting. Multiple medications were renewed. Valium was also introduced for heightened stress and anxiety purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Fexmid) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant, and psychotropic medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ambien CR 12.5: 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 Chapter (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term management of insomnia, up to 35 days. Ambien is not, thus, indicated for the chronic, long-term, and/or scheduled use purposes for which it is seemingly being proposed here. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.