MAXIMUS Federal Services

Case Number:	CM14-0129573		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2007
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 injured worker is a 39-year-old male who reported an injury on 08/30/2007. The injured worker was opening up a spring assisted roll up door of his delivery truck when the spring device broke. The injured worker was status post mini laminectomy performed on 04/09/2012, posterior fusion at L5-S1 performed on 06/14/2010, and micro discectomy at the same level in 2009. The injured worker reflexively tried to stop the descent of the door and was thereby quickly forced into a flexed position of the lumbosacral spine. The injured worker's treatment history included MRI studies, CT scans, surgery, EMG/NCS, and medications. The injured worker was evaluated on 07/24/2014 and it was documented the injured worker complained of lower extremity pain. The injured worker's pain was located in his lower back and down the left leg. The injured worker rated the intensity of his pain at 9/10 on the pain scale. Symptoms were described as constant, aching, heavy, spasming, tingling, and stabbing. Exacerbation occurred with sitting, standing, bending forward and backward, twisting, lying down, driving, rising from a chair, running sports, and sexual relations. The injured worker stated his sleep is limited to approximately 4 hours per night due to pain. The injured worker reported feelings of depression due to pain and disability. He also stated his disability had created significant financial hardship and stress in the home. Physical examination of the lumbar spine revealed curvature was grossly normal. All lumbar ranges of motion were painful. The bilateral L3-4 and L4-5 facet joints were tender. Lumbar ranges of motion were 50% reduced. Minor's sign was positive. Braggard's was positive on the left. Kemp's was positive and straight leg raise was negative bilaterally. It was noted here was left L5-S1 radicular pain. Sensation was otherwise intact and symmetrical throughout the bilateral lower extremities. Medications included oxycodone 15 mg, Naprosyn 550 mg, Flexeril 10 mg, and gabapentin 300 mg, and Ambien 10 mg. Diagnoses included failed back syndrome, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, opiate

dependence, and exogenous depression due to chronic pain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of conservative care outcome measurements such as prior therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. Duration of medication use could not be determined through documentation submitted. In addition, the request lacked frequency and duration of the medication. As such, the request for Flexeril 10 mg #90 is not medically necessary.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the

long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request for Ambien 10 mg # 30 is not medically necessary.