

<b>Case Number:</b>	CM14-0143920		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 05/04/2006. The mechanism of injury occurred due to a fall. The diagnoses included status post left knee total replacement, possible left knee bilateral patellofemoral ligament sprain/strain, possible bilateral lumbar facet pain L4-5 and L5-S1, left L5 lumbar radiculopathy, and right knee pain due to overcompensation. The injured worker's past treatments included transcutaneous electrical nerve stimulation, aqua therapy, urine drug screens, medications, a home exercise program, 2 epidural steroid injections, and a dorsal column stimulator, which was removed on 01/28/2014. The injured worker's diagnostic exams included an x-ray of the lumbar spine and bilateral knees, a computed tomography scan of the left knee, an electromyography study, and a Magnetic Resonance Imaging (MRI) of the right knee. Her surgical history included a left knee arthroplasty on an unspecified date and a lumbar fusion at 2 levels on 11/28/2011. On a clinical note dated 06/03/2014, the injured worker stated that she reinjured herself due to a fall. Her original date of injury was 05/04/2006. As a result of the fall, the injured worker experienced significant flare up of back pain with pain radiating down both of her lower extremities. The physical exam revealed a mild left side limping with mild left side favoring guarded gait and tenderness over the medial and lateral aspect of the left knee. The injured worker also had slight swelling of the left knee whose movements were restricted and painful. Also, the examination showed that the right knee had increased tenderness over the lateral aspect of the right knee. There was also tenderness over the lateral aspect of the left ankle and altered sensation in the left lower extremity compared to the right. The injured worker's medications included Anaprox, Prilosec, Gabapentin, Norco 10/325, Ambien 12.5 mg, Flurido, and UltraFlex G. The treatment plan was not clearly indicated in the clinical notes. A request was received for Robaxin 750 mg

#60 with 5 refills and Ambien CR 12.5 mg at the hour of sleep #30 with 5 refills. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization Form was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin 750mg #60 with 5 Refills: 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 Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** The request for Robaxin 750mg #60 with 5 Refills is not medically necessary. The California Guidelines recommend muscle relaxants for pain as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The use of antispasmodics such as Robaxin, are used to decrease muscle spasm in conditions such as low back pain. Muscle relaxants should be used for short term treatment as long term use may lead to dependence. Based on the clinical notes, the injured worker has been prescribed Robaxin since 12/2013. Based on the guidelines, this is in excess, as prolonged use may cause dependence. Additionally, the clinical notes failed to identify a first line option was used to treat the acute exacerbation of chronic low back pain. Also, the injured worker was on Norco 10/325, Gabapentin, and topical analgesics, which should provide significant pain relief without the addition of muscle relaxants. The guidelines show that there is no benefit besides non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. Due to a lack of documentation indicating that first line options were tried for the treatment of acute exacerbations in chronic low back pain, the long term use of Robaxin since 12/2013, and the lack of quantitative evidence that showed improvement while the patient was on Robaxin, the request is not supported. Therefore, the request for Robaxin 750mg #60 with 5 Refills is not medically necessary.

**Ambien CR 12.5mg QHS #30 with 5 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The request for Ambien CR 12.5mg QHS #30 with 5 Refills is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that anxiolytics are not recommended as first line therapy for stress related conditions because they can lead to dependence. Anxiolytics may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a

brief alleviation of symptoms that allow the patient to recoup emotional or physical resources. If medication is requested or is needed for a longer time, physicians may consider psychiatric disorders and appropriate referral. Based on the clinical notes, the injured worker does not have a diagnosis of insomnia or any signs and symptoms that indicate such. Additionally, the clinical notes indicate that the injured worker was seen by a psychologist on 08/31/2011 and was evaluated and treated for 6 visits. There were also psychotropic medications dispensed at this time, which included Ambien CR. Due to a lack of documentation indicating that the injured worker had a diagnosis of insomnia and the excessive use of Ambien CR since 08/31/2011, the request is not supported. Therefore, the request for Ambien CR 12.5mg QHS #30 with 5 Refills is not medically necessary.