

Case Number:	CM14-0148709		
Date Assigned:	09/18/2014	Date of Injury:	01/23/2006
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This is a 53-year-old male with a 1/23/06 date of injury; the patient sustained the injury to the cervical spine during a car accident. The patient underwent C3-C5 cervical disc replacement on 7/25/09 and C5-C6 anterior cervical fusion in 07/2012. The progress note dated 3/11/14 indicated that the patient was taking Ambien and Cyclobenzaprine. The patient was seen on 8/5/14 with complaints of neck and the left shoulder pain. The pain was described as sharp, stabbing, constant and radiating. The patient also reported headaches, numbness and paresthasias in the arm and hand. The patient was taking NSAIDs, narcotics and muscle relaxants that helped with the pain. Exam findings of the upper extremity revealed no motor or sensory deficits, full range of motion and 5/5-grip strength. The examination of the cervical spine revealed asymmetry of the neck and shoulders with tilting of the head and neck to the left, tenderness of the left trapezius and restricted range of motion. There was no spasm noted. The diagnosis is cervical postlaminectomy syndrome, cervical spine radiculitis, and degeneration of cervical intervertebral disc. Treatment to date: CESI, physical therapy, hot/cold pack, work restrictions and medications. An adverse determination was received on 8/14/14. The request for Ambien 10mg #30 was denied given that there was a lack of documentation indicating that the patient had insomnia or that the patient's function improved with the use of Ambien. The request for Cyclobenzaprine 7.5mg #90 was denied given that the patient was using Zanaflex and Norco and that clinical note documented that the muscle spasm was not noted.

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 Pain Chronic

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

Decision rationale: CA MTUS does not address Ambien. ODG and the FDA state that Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The progress notes indicated that the patient was taking Ambien at least from 3/11/14. However, there is a lack of documentation indicating subjective or objective gains from the treatment; improvement in the patient's sleep and description of the patient's sleep hygiene was not documented. In addition, there is clear no rationale indicating the need for extended use of Ambien given that the guidelines do not support long-term use of this medication. Therefore, the requested for Ambien 10mg #30 is not medically necessary.

Cyclobenzaprine 7.5mg #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 Muscle Relaxants Page(s): 41-42 ; 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and the addition of cyclobenzaprine to other agents is not recommended. The progress notes indicated that the patient was using Cyclobenzaprine at least from 3/11/14. However, there is a lack of documentation indicating subjective or objective functional gains from the treatment. In addition, the physical examination did not reveal muscle spasms and the patient was using other agents, which was not recommended with conjunction with Cyclobenzaprine. Lastly, the Guidelines do not support the use of muscle relaxant for long-term and there is no clear rationale with regards to the need for prolonged use of Cyclobenzaprine. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

