

Case Number:	CM14-0149649		
Date Assigned:	09/18/2014	Date of Injury:	04/17/2009
Decision Date:	11/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 April 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; unspecified amounts of physical therapy; earlier lumbar fusion surgery; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated August 22, 2014, the claims administrator failed to approve a request for Ambien and a cyclobenzaprine-containing cream. The applicant's attorney subsequently appealed. In a progress note dated August 8, 2014, the applicant reported multifocal complaints of neck and low back pain. The applicant was using oral Norco, Neurontin, Ambien, and Prilosec, it was noted. Cymbalta was introduced. A heightened dose of Neurontin was suggested. A heightened dose of Norco was also sought. The applicant's work status was not clearly stated. It was stated that the applicant could also pursue epidural steroid injection therapy. In an earlier progress note dated April 24, 2014, the applicant was described as using Norco, Neurontin, Ambien, and Prilosec as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg PRN #30, 1 refill: 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, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medications 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 a 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) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the applicant has been using Ambien for what appears to be a span of several months. The applicant was described as using Ambien on office visits of April 24, 2014 and August 8, 2014, referenced above. The attending provider 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 for Ambien is not medically necessary.

Cyclobenzaprine cream 60 grams apply BID PRN, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Neurontin, Cymbalta, etc., effectively obviates the need for the cyclobenzaprine-containing cream at issue. Therefore, the request for Cyclobenzaprine cream is not medically necessary.