

Case Number:	CM14-0165065		
Date Assigned:	10/10/2014	Date of Injury:	12/11/2001
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 injured worker is a 36 year-old male with a date of injury of December 11, 2001. The patient's industrially related diagnoses include lumbar and lumbosacral disc degeneration, hip pain, chronic back pain, knee pain, and sacroilitis. The disputed issues are a prescription for Ambien and a prescription for Flexeril. A utilization review determination on 9/12/2014, 4/16/2014 and 1/6/2014 had non-certified these requests. The most recent stated rationale for the denial of Ambien was: "ODG guidelines recommend against long-term use of Ambien." There was a previous adverse determination dated 1/6/2014 in which the reviewer noted: "This medication per the guidelines is not intended for long-term use. No additional information was provided to rectify prior concerns. No exceptional findings were noted that would support the need to deviate from the guidelines' recommendation." The stated rationale for the denial of Flexeril was: "Per CA MTUS guidelines, Flexeril is only recommended for short-term use. Use is documented to be long-term. On peer-to-peer, it was clarified that a limited quantity is prescribed so that it is not taken every day but rather in the context of acute exacerbations, which is appropriate. However, another muscle relaxant (Robaxin) was also requested and there is no indication for 2 muscle relaxers."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In general, efficacy of muscle relaxants can diminish over time, and prolonged use of some medications in this class may lead to dependence. According to studies regarding Flexeril, the greatest effects appear in the first 4 days of treatment. Due to limited and mixed-evidence, the guidelines do not recommend Flexeril for chronic use. The guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. Side effects of Flexeril include anticholinergic effects (drowsiness, urinary retention, and dry mouth). Sedative effects may limit use. In the progress reports available for review along with a special report specifically addressing the use of Flexeril dated 12/26/2013, the treating physician documented that Flexeril was one of the injured worker's effective medications that enabled him to function productively without pain. Flexeril was prescribed as an adjunct with his other medications to effectively reduce muscle spasms, thereby reducing pain levels as well. However, according to the guidelines, Flexeril is recommended for only short-term use and it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation as documentation shows that the medication has been prescribed regularly. The treating physician did not provide any additional evidence that would supersede the recommendations provided in the guidelines. Therefore, the request for Flexeril 10mg is not medically necessary.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Sleep Medication; Stress and Mental Illness Chapter, Zolpidem

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Ambein (zolpidem). Therefore the Official Disability Guidelines (ODG) are utilized which specify the following: "ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter: Zolpidem 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" (Feinberg, 2008). The ODG recommends the short-term use of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state that failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, the treating physician documented that quality of sleep is good on Ambien. The treating physician provided a special report on 12/26/2013 emphasizing the relationship between chronic pain and sleep disturbances and stated that Ambien was beneficial in promoting sleep and managing the injured worker's pain. He stated: "Treatment options for sleep disorders in the context of pain that have been assessed include cognitive behavioral therapy for insomnia and various pharmacological therapies." However, there is no documentation stating how patient responded to cognitive behavioral therapy or other medications. Finally, there is no indication that Ambien is being used for short term use since the documentation reveals that Ambien has been prescribed since 2013 and the guidelines only recommend the use of this medication for short-term treatment of insomnia. Based on the guidelines, the request for Ambien 10mg is not medically necessary.