

<b>Case Number:</b>	CM14-0173406		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Management 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 patient is a 46 year old female with an injury date on 10/11/2011. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic pain syndrome 2. S/p C4-5 and C5-6 cervical fusion 3. Chronic headaches 4. Cervical degenerative disc disease 5. Left cervical radiculopathy 6. Left shoulder rotator cuff tendonitis 7. Low back pain. According to this report, the patient complains of "increase pain in her low back and neck as well. The pain level averages a 7 in the neck and an 8 in the low back. The pain radiates to her shoulders. She reports numbness, tingling and burning sensation in her left arm. Headaches are more frequent and intense." Physical exam reveals range of motion of the cervical is limited. Tenderness noted over the right lumbar spine. The 07/18/2014 report indicated the patient underwent right S1 joint injection last week. It has helped to relieve some of the low back pain. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/02/2014 to 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64, 63.

**Decision rationale:** According to the 09/15/2014 report by [REDACTED] this patient presents with "increase pain in her low back and neck as well. The pain level averages a 7 in the neck and an 8 in the low back." The provider is requesting 30 tablets of Baclofen. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records indicate this patient has been prescribed this medication longer than the recommended 2-3 weeks. The provider is requesting Baclofen and this medication were first noted in the 05/02/2014 report. Baclofen is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, recommendation is for denial.

**Baclofen 10mg #30 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64, 63.

**Decision rationale:** According to the 09/15/2014 report by [REDACTED] this patient presents with "increase pain in her low back and neck as well. The pain level averages a 7 in the neck and an 8 in the low back." The provider is requesting Baclofen 10mg #30 with two (2) refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records indicate this patient has been prescribed this medication longer than the recommended 2-3 weeks. The provider is requesting Baclofen and this medication were first noted in the 05/02/2014 report. Baclofen is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, recommendation is for denial.

**Ambien 5mg #30 with two (2) refills:** 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, Zolpidem

**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, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

**Decision rationale:** According to the 09/15/2014 report by [REDACTED] this patient presents with "increase pain in her low back and neck as well. The pain level averages a 7 in the neck and an 8 in the low back." The provider is requesting 30 tablets of Ambien 5 mg. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia, however, the provider is requesting Ambien #30. Medical records indicate the patient has been prescribed Ambien since 05/02/2014. However, there were no indications that the patient has sleeping issue. The provider does not mention the reason why this medication is been prescribed. Furthermore, the provider does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.