MAXIMUS Federal Services

Case Number:	CM14-0182622		
Date Assigned:	11/07/2014	Date of Injury:	11/08/2007
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 low back pain, bilateral leg pain, sleep disturbance, and sleep apnea reportedly associated with an industrial injury of December 17, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work.In a Utilization Review Report dated October 23, 2014, the claims administrator approved a sleep study, approved gabapentin, denied Ambien, approved sleep consultation, and denied Flexeril.The applicant's attorney subsequently appealed.In a medical-legal evaluation dated April 3, 2013, it was noted that the applicant had a history of having sustained a vertebral compression fracture following a fall of 8 to 13 feet. It was stated that the applicant had issues with sleep apnea, which had been apparently successfully redressed through usage of a CPAP device at 12 cm of water pressure.In a February 13, 2014 progress note, the applicant reported 5 to 6/10 pain with medications versus 10/10 without medications. The applicant was using Norco and Flexeril for pain relief, it was noted at this point in time. The applicant was still smoking, it was further noted. The applicant had been deemed, "disabled" it was noted in the occupational history section of the report. The applicant did have issues with superimposed issues with mild depression. Norco, Flexeril, and albuterol were apparently prescribed, while the applicant was kept off of work.On March 20, 2014, the applicant was again given refills of Norco, Flexeril, and gabapentin.On May 27, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral legs, 9/10 without medications versus 3 to 5/10 with medications. It was suggested that the applicant did not have a CPAP device as of this point in time. Norco, Flexeril, and gabapentin were endorsed at this point in time, while the applicant was again kept off of work.On June 19, 2014, the applicant again presented with persistent complaints of low back pain and leg pain. The

applicant was again deemed "disabled," it was noted. Norco, Neurontin, and a CPAP device were endorsed.On October 14, 2014, the applicant again reported persistent complaints of low back and leg pain. It was stated that the applicant had tried and failed Trazodone, Lunesta, Cymbalta, and Elavil. It was stated the applicant was pending receipt of the previously ordered CPAP device. Persistent complaints of low back pain were noted, 4 to 5/10 with medications versus 10/10 without medications. The applicant was still smoking, it was noted. The applicant was given a renewal of Gabapentin. Ambien was introduced for the first time, to be employed on an as-needed basis, while the CPAP device arrived. The applicant was again deemed "disabled" it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ambien 5mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: The MTUS does not address the topic of Ambien. However, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request in question did represent a first time request for Ambien. Ambien was apparently issued for the first time on October 15, 2014. The attending provider indicated that the Ambien was a temporary measure, to be employed only on a p.r.n. basis and to be employed only until such time that the applicant receives the CPAP device. The first time, 30-tablet supply of Ambien, furnished, thus, did conform to the FDA label. Therefore, the request was medically necessary.

1 Prescription for Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Neurontin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not indicated. It is further noted that the applicant had seemingly being employing cyclobenzaprine (Flexeril) for what appears to be a span of several months to several years. Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that cyclobenzaprine is recommended as an option only for a "short

course of therapy." The request, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.