

<b>Case Number:</b>	CM14-0182920		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 56 year-old patient sustained an injury on 2/1/08 while employed by [REDACTED]. Request(s) under consideration include (1) Prescription of Flexeril 7.5mg #40 and (1) Prescription of Ambien 10mg #30. Diagnoses include Neck sprain. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/1/14 from the provider noted the patient with chronic ongoing neck and right shoulder arm pain rated at 9/10. Exam showed unchanged tenderness over paraspinal muscles of right shoulder/arm; restricted range of motion in the cervical spine and shoulder with positive impingement sign. The request(s) for (1) Prescription of Flexeril 7.5mg #40 and (1) Prescription of Ambien 10mg #30 were non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Flexeril 7.5mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amri, Fexmid, generic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** The patient has been prescribed Flexeril since at least November 2012. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The (1) Prescription of Flexeril 7.5mg #40 is not medically necessary and appropriate.

**(1) Prescription of 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 (ODG), 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 (Chronic): Zolpidem (Ambien®), pages 877-878

**Decision rationale:** Records indicate the patient has been prescribed Ambien since at least May 2012. Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2008 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The (1) Prescription of Ambien 10mg #30 is not medically necessary and appropriate.