

Case Number:	CM14-0185442		
Date Assigned:	11/13/2014	Date of Injury:	04/12/2014
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This is a patient with a date of injury of 4/12/14. A utilization review determination dated 10/7/14 recommends non-certification of Cyclobenzaprine, Nabumetone, and Zolpidem. 10/9/14 medical report identifies low back pain despite medications, PT, TENS, and ESI. ESI provided 100% relief for one week and 70-80% relief currently. Pain is 2-3/10. On exam, there is spasm, tenderness, positive SLR bilaterally, decreased sensation along medial and lateral border of right leg, calf, and foot, and right EHL and plantar flexor weakness 4+/5. Flexeril was started for the first time before ESI on 9/4/14. Relafen was started for acute exacerbation of low back pain before ESI. Ambien was started for 4 weeks and patient is currently off Ambien. 10/2/14 medical report recommended Naproxen, Neurontin, Prilosec, and Flexeril. 9/4/14 medical report recommended continued Neurontin, Prilosec, Naproxen, and Flexeril. Ambien was started for insomnia. 8/12/14 medical report recommended Neurontin, Prilosec, Naproxen, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Cyclobenzaprine specifically is not recommended for more than 2-3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation (no more than 2-3 weeks), as recommended by guidelines. The provider noted that it was utilized for short-term use, but prior records note that it was recommended in both September and October, with another muscle relaxant recommended prior to that. In light of the above issues, the currently requested Cyclobenzaprine is not medically necessary.

Retrospective request for Nabumetone 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for nabumetone, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that the medication was prescribed for an acute exacerbation of pain, but another NSAID was prescribed during the same time period and there is no rationale for the use of multiple NSAIDs, which are redundant. In the absence of such documentation, the currently requested Nabumetone is not medically necessary.

Retrospective request for Zolpidem Tartrate 10 mg: 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) Criteria for Insomnia

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, Sleep Medication

Decision rationale: Regarding the request for Zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is mention of insomnia, but no specifics regarding the insomnia are noted that there is no statement indicating what behavioral treatments have been attempted prior to consideration

for pharmacological treatment. In the absence of such documentation, the currently requested Zolpidem (Ambien) is not medically necessary.