

<b>Case Number:</b>	CM14-0214186		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 59-year-old woman with a date of injury of July 2, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical disc protrusion; cervical mild spasms; cervical radiculopathy; cervical sprain/strain; lumbar disc protrusion; lumbar minor spasm; lumbar sprain/strain; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; right shoulder tenosynovitis; rule out right shoulder internal derangement; right carpal tunnel syndrome; right wrist pain; and right wrist sprain/strain. The current request is for Cyclobenzaprine 7.5mg #90, Zolpidem 10mg #30, and Alprazolam 1mg #60. There are no clinical notes in the medical record from the requesting physician. There are no medications listed in the medical record. There are 3 urine drug screens in the medical record dated February 19, 2014, June 4, 2014, and August 20, 2014, which were all negative for any medications. Documentation indicates the IW was not on any prescribed medications. The most recent progress note in the medical record is dated June 20, 2014, by the treating chiropractor. According to the documentation, the IW complains of cervical spine pain, lumbar spine pain, right shoulder pain, and right wrist pain. Objectively, there was tenderness and decreased range of motion to the affected body parts. There was no treatment plan. There were no medications documented. The current request is for Cyclobenzaprine 7.5mg #90, Zolpidem 10mg #30, and Alprazolam 1mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Cyclobenzaprine 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical myospasms; cervical radiculopathy; cervical sprain/strain; lumbar disc protrusion; lumbar myospasms; lumbar sprain/strain; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; right shoulder tenosynovitis; rule out right shoulder internal derangement; right carpal tunnel syndrome; right wrist pain; and right wrist sprain/strain. The documentation in the medical record reflects the requesting physician (for the medications) was not the primary treating physician (a chiropractor). The documentation did not contain any medications listed. There were three urine drug screens in the medical record one dated February 19, 2014, one dated June 4, 2014 and one dated August 20, 2014. All urine drug screens were negative for any medications and there were no medication is listed. Consequently, absent clinical documentation to support the ongoing use of Flexeril, documentation of medications being taken and negative urine drug screens for medications, Flexeril 7.5mg #90 is not medically necessary.

**Medication: Alprazolam 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or [REDACTED] addiction. Most guidelines limit use to four weeks. For additional details see the guidelines. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical myospasms; cervical radiculopathy; cervical sprain/strain; lumbar disc protrusion; lumbar myospasm; lumbar sprain/strain; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; right shoulder

tenosynovitis; rule out right shoulder internal derangement; right carpal tunnel syndrome; right wrist pain; and right wrist sprain/strain. The documentation in the medical record reflects the requesting physician (for the medications) was not the primary treating physician (a chiropractor). The documentation did not contain any medications listed. There were three urine drug screens in the medical record one dated February 19, 2014, one dated June 4, 2014 and one dated August 20, 2014. All urine drug screens were negative for any medications and there were no medication is listed. There is no documentation to support long-term use of alprazolam when the guidelines recommend its use for not longer than two weeks. Consequently, absent clinical documentation to support the ongoing use of Alprazolam, documentation of medications being taken and negative urine drug screens for medications, Alprazolam 1 mg #60 is not medically necessary.

**Medication: Zolpidem 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zolpidem

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zolpidem 10 mg #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the official disability guidelines. In this case, the injured worker's working diagnoses are cervical disc protrusion; cervical mild spasms; cervical radiculopathy; cervical sprain/strain; lumbar disc protrusion; lumbar myospasm; lumbar sprain/strain; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; right shoulder tenosynovitis; rule out right shoulder internal derangement; right carpal tunnel syndrome; right wrist pain; and right wrist sprain/strain. The documentation in the medical record reflects the requesting physician (for the medications) was not the primary treating physician (a chiropractor). The documentation did not contain any medications listed. There were three urine drug screens in the medical record one dated February 19, 2014, one dated June 4, 2014 and one dated August 20, 2014. All urine drug screens were negative for any medications and there were no medication is listed. Additionally, Zolpidem is indicated for 7 to 10 days treatment of insomnia. There is no compelling documentation to support long-term use of Zolpidem. Consequently, absent clinical documentation to support the ongoing use of Zolpidem, documentation of medications being taken and negative urine drug screens for medications, Zolpidem 10 mg #30 is not medically necessary.