

Case Number:	CM14-0214509		
Date Assigned:	01/07/2015	Date of Injury:	11/17/2006
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, wrist pain, and alleged carpal tunnel syndrome reportedly associated with an industrial injury of November 17, 2006. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve requests for Ambien and Flexeril while approving request for Norco. The claims administrator referenced a progress note dated December 9, 2014 in its determination. The applicant's attorney subsequently appealed. In an office visit dated December 9, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, unchanged. The applicant was reportedly able to perform activities of daily living such as bathing, dressing, and toileting. 1-2/10 pain with medications versus 5-6/10 pain without medications was appreciated. The applicant was doing home exercises twice a week. The applicant was reportedly working full time, it was stated. In a typewritten note dated November 5, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar disk replacement and lumbar fusion surgery. The applicant was working full time, it was acknowledged. The applicant was using Norco, terazosin, Ambien, Flexeril, and Motrin, it was incidentally noted. The applicant's medication list or medication selection was not clearly detailed on this occasion. In a handwritten note dated September 17, 2014, the applicant was apparently given refills of Norco, Flexeril, and Ambien. It was suggested that the applicant was using Ambien at least a few times a week. The applicant was using Flexeril at least once or twice a day, it was suggested. The note was, as noted previously,

difficult to follow. The duration of span time with which the applicant was using current medications was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #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, Pain, Zolpidem

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term usages of insomnia, for up to 35 days. Ambien is not, by implication, indicated for chronic, long-term, and/or scheduled use purposes. Here, the 5-mg 30-tablet supply implies that the attending provider intended for the applicant to use Ambien on a daily use basis. The attending provider's progress notes, moreover, seemingly suggested (but did not clearly state) that the applicant had been using Ambien for a time period in excess of the 35-day FDA-recommended duration. No compelling applicant-specific rationale or medical evidence was furnished to support such usage. Therefore, the request was not medically necessary.

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/is using other agents, including Norco. Adding Cyclobenzaprine or Flexeril to the mix was/is not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 50-tablet supply of Flexeril at issue, furthermore, represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

