

<b>Case Number:</b>	CM15-0018067		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 51-year-old female who sustained a work related injury on August 21, 2001, while cleaning walls with an extension pole. She complained of neck and back pain. She was diagnosed with lumbosacral sprain with no evidence of radiculopathy, cervical spine sprain with bilateral radiculopathy. Treatment included Magnetic Resonance Imaging (MRI) muscle relaxants and pain medications. Currently, the injured worker complained of persistent neck and low back pain with difficulty performing activities of daily living. On February 6, 2015, a request for a prescription of one Robaxin 750mg four times a day and one prescription for Zolpidem 5mg #30 at night was non-certified by Utilization Review, noting, California Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin (methocarbamol) 750mg QTY: 120.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 65 of 127..

**Decision rationale:** Robaxin is a muscle relaxant intended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. According to the progress notes in the attached medical record here have been no report of any acute exacerbations of low back pain or any spasms noted on physical examination. Additionally, there have been prescriptions of other multiple muscle relaxants in the past and this prescription is for another 120 tablets that does not indicate short-term episodic usage. As such, this request for Robaxin is not medically necessary.

**Zolpidem 5mg QTY: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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem, Updated March 25, 2015.

**Decision rationale:** The Official Disability Guidelines does not recommend long-term usage of zolpidem and recommends its usage to a maximum of six weeks. There is concern that this medication can be habit-forming and impair function as well as memory. There is also concern that it may actually increase pain and depression over the long-term. As this medication has been prescribed for an extended period of time, this request for zolpidem is not medically necessary.