

<b>Case Number:</b>	CM15-0110994		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29-year-old female, with a reported date of injury of 09/12/2006. The diagnoses include failed back surgery syndrome, status post lumbar laminectomy at L5-S1, lumbar facet joint arthropathy, bilateral lumbar radiculopathy, lumbar disc disease, severe low back and bilateral leg pain, and lumbar spine sprain/strain syndrome. Treatments to date have included an MRI of the lumbar spine on 02/01/2012, and bilateral lumbar transforaminal bilateral epidural injection on 03/27/2015. The progress report dated 05/13/2015 indicates that the injured worker had ongoing pain and discomfort in her low back and lower extremities. She reported a significant amount of pain and stiffness of the lumbar spine and lower extremity during a course of performance of activities of daily living. The objective findings include inability to perform heel walking and toe walking; pain with palpation bilaterally in the paraspinal muscles of the lumbar spine; pain, tenderness, and restricted range of motion; positive reflexes of the lower extremities bilaterally; positive sciatic and femoral tension signs bilaterally; decreased sensation to light touch in the right lower extremity; and a depressive affect and mood. The treatment plan includes the refill of her medications. The treating physician requested Flexeril 1.5mg #120 and Ambien CR 12.5mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. 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 Flexeril 5 mg #120 is not medically necessary and appropriate.

**Ambien CR 12.5 mg #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 Chapter, Zolpidem Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien), pages 877-878.

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 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 Ambien CR 12.5 mg #30 is not medically necessary and appropriate.

