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| <b>Case Number:</b>   | CM15-0115063 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 03/11/2011 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/15/2015 |

### 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: Pennsylvania

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 is a 46 year old female who sustained an industrial injury on 03/11/2011. She has reported subsequent neck and shoulder pain and was diagnosed with cervicgia, neck sprain/strain, pain in shoulder joint and shoulder region disorders not elsewhere classified. Treatment to date has included medication, cervical epidural steroid injections, application of heat and ice and a home exercise program. Documentation shows that the injured worker was taking Cyclobenzaprine for neck pain and Ambien for sleep difficulties since at least July 2014. Work status was noted as temporarily totally disabled in progress notes from July 2014 to May 2015. In the most recent progress notes dated 01/09/2015, 03/06/2015 and 05/14/2015, the injured worker complained of 4-7/10 neck and right shoulder pain. The documentation regarding the effectiveness of Ambien is conflicting as although progress notes document continued poor sleep with no change in the level of sleep, the physician also states that the injured worker sleeps well with Ambien. Objective findings were notable for decreased range of motion of the cervical spine and decreased range of motion of the right shoulder limited by pain. Pain medication was noted to help with pain but the degree of effectiveness was not documented. A request for authorization of Ambien 5 mg, thirty count and Cyclobenzaprine 5 mg, thirty count was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, thirty count:** 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.

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

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. As per Official Disability Guidelines (ODG), Ambien is "not recommended for long-term use and is approved for the short-term (usually two to six weeks) treatment of insomnia." The submitted documentation shows that the injured worker had been prescribed Ambien for sleep for several months (since at least July 2014), demonstrating that the medication was being used on a chronic basis which is inconsistent with ODG guidelines. In addition, the documentation in the PR2 notes dated 01/09/2015, 03/06/2015 and 05/14/2015 show that the injured worker's sleep quality remained poor and was documented as being unchanged from one visit to another despite the use of Ambien. Due to length of use in excess of the guideline recommendations, and lack of documentation of evaluation for sleep disturbance, the request for ambien is not medically necessary.

**Cyclobenzaprine 5 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** As per Medical Treatment Utilization Schedule (MTUS) guidelines, muscle relaxants are recommended with caution as a second line options for short-term acute exacerbations in patients with chronic low back pain and limited, mixed-evidence does not allow for a recommendation of Cyclobenzaprine for chronic use. The documentation submitted shows that Cyclobenzaprine was prescribed to the injured worker since at least July 2014 indicating that the injured worker had been taking this medication for many months. There was no documentation of any significant functional improvement or reduction of pain with use of this

medication and no indication that this medication was being used to treat an acute flare up of low back pain. Work status has remained temporarily totally disabled, and there was no documentation of improvement in specific activities of daily living as a result of use of cyclobenzaprine. The continued use of this medication is not consistent with the current guidelines for use of muscle relaxants. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for cyclobenzaprine is not medically necessary.