

<b>Case Number:</b>	CM15-0123833		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male who sustained an industrial injury on 2/5/10. Diagnoses are degeneration of cervical intervertebral disc, neck pain, sprain of shoulder rotator cuff, spondylosis of unspecified site with myelopathy, brachial radiculitis, and unspecified internal derangement of knee. In a progress note dated 5/3/15, the physician notes cervical neck and left arm have pain 24/7. Medications are Norco, Flexeril, Ambien. Norco takes pain from a 10 to an 8. He is able to get up and move, Flexeril helps with cramping and without it, he had significant cramping and jaw clenching at night. He is up at night at 3 a.m. Zolpidem allows him to sleep. He does not use the Zolpidem nightly. He uses medication for neck pain especially. If he yawns, he spasms. He has a history of difficulty swallowing, breathing, and speaking due to a prior injury of severed esophagus as a youth. He is unable to extend his neck backwards and unable to use his left arm. Overall function is slowly deteriorating. Work status is total temporary disability. Previous treatment includes acupuncture, adjustable bed, cervical collar, transcutaneous electrical nerve stimulation, and epidural injection. The requested treatment is Flexeril 10mg #30, Norco 10/325mg #240, and Zolpidem Tartrate 10mg #25.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants/Flexeril Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for neck and left upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 8/10 with improved ability to move. He had tried discontinuing medications but had increased pain. When seen, transition to Butrans or fentanyl was discussed. Cervical spine surgery had been recommended. Physical examination findings included a forward head posture. He had cervical lymphadenopathy. There was decreased cervical spine range of motion. He had decreased and painful left upper extremity shoulder abduction. There was biceps tenderness with positive impingement testing. He had pain and crepitus with knee range of motion. There was decreased left upper extremity strength and sensation. Is Norco dose was increased from a total MED (morphine equivalent dose) of 60 mg per day to 80 mg per day. Flexeril and zolpidem were being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and is not medically necessary.

**Norco 10/325mg #240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for neck and left upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 8/10 with improved ability to move. He had tried discontinuing medications but had increased pain. When seen, transition to Butrans or fentanyl was discussed. Cervical spine surgery had been recommended. Physical examination findings included a forward head posture. He had cervical lymphadenopathy. There was decreased cervical spine range of motion. He had decreased and painful left upper extremity shoulder abduction. There was biceps tenderness with positive impingement testing. He had pain and crepitus with knee range of motion. There was decreased left upper extremity strength and sensation. His Norco dose was increased from a total MED (morphine equivalent dose) of 60 mg per day to 80 mg per day. Flexeril and zolpidem were being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's

decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications were providing pain relief significant to the patient. The dose was increased with the total MED remaining less than 120 mg per day consistent with guideline recommendations. Transition to a long-acting agent was being discussed. Continued prescribing is medically necessary.

**Zolpidem Tartrate 10mg #25: 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 - Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in February 2010 and continues to be treated for neck and left upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 8/10 with improved ability to move. He had tried discontinuing medications but had increased pain. When seen, transition to Butrans or fentanyl was discussed. Cervical spine surgery had been recommended. Physical examination findings included a forward head posture. He had cervical lymphadenopathy. There was decreased cervical spine range of motion. He had decreased and painful left upper extremity shoulder abduction. There was biceps tenderness with positive impingement testing. He had pain and crepitus with knee range of motion. There was decreased left upper extremity strength and sensation. His Norco dose was increased from a total MED (morphine equivalent dose) of 60 mg per day to 80 mg per day. Flexeril and zolpidem were being prescribed on a long-term basis. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, zolpidem is not medically necessary.