

Case Number:	CM15-0124652		
Date Assigned:	07/09/2015	Date of Injury:	07/03/2013
Decision Date:	09/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	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: New York

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 51-year-old male, who sustained an industrial injury on 7/3/2013. The current diagnosis is paracentral disc protrusion with mild narrowing of the central canal at L2-L3. According to the progress report dated 5/11/2015, the injured worker complains of constant pain, soreness, and throbbing in the lumbar spine with radiation down his right leg. The pain is rated 5/10 on a subjective pain scale. The physical examination (difficult to decipher) of the lumbar spine reveals tenderness to palpation with paraspinal spasms and positive straight raise leg test. The medications prescribed are Naproxen, Flexeril, and Ambien. There is documentation of ongoing treatment with Ambien since at least 10/21/2010. Treatment to date has included medication management, x-rays, MRI studies, and physical therapy. Work status was to return to full duty on 5/11/2015. A request for Ambien and Flexeril has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend Cyclobenzaprine (Flexeril) be used as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. Based on CA MTUS guidelines and submitted medical records, the request for Flexeril 10mg, QTY: 30 is not medically necessary.

Ambien 10mg, 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 (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®).

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien, According to the Official Disability Guidelines; Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. In this case, the submitted medical records failed to provide documentation regarding sleep history or diagnosis that would support the use of a hypnotic (Ambien). Additionally, the guidelines recommend Ambien for short-term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien since at least 10/21/2010, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ambien is not medically necessary.