

<b>Case Number:</b>	CM15-0129508		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 44 year old male patient who sustained an industrial injury on 04/01/2013. The accident was described as while working as a fitness manager he was demonstrating a dead lift technique lifting 135 pounds on a bar and experienced an explosive onset of low back and buttock pain. A recent primary treating office visit dated 05/04/2015 reported the patient with subjective complaint of lower backache. He states being able to function with aid of pain medication, although he gets drowsy. His quality of sleep is described as poor. Current medications are: Flexeril, Ibuprofen, oxycodone, and Ambien. The following diagnoses were applied: lumbar radiculopathy, and radiculopathy. The plan of care noted the patient paying out of pocket for Flexeril and Ambien. There is mention that the patient is able to decrease the amount of Oxycodone with the use of Flexeril and Ibuprofen. Previous treatment to include: activity modification, medication, physical therapy, injections. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg quantity 25 for 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem.

**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 April 2013 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, he was having difficulty sleeping. Physical examination findings included a BMI of over 33. There was an antalgic gait without use of an assistive device. There was decreased and painful lumbar spine range of motion with negative facet loading. Left straight leg raising was positive. There was decreased left lower extremity strength and sensation with a decreased left patellar reflex. He was noted to sit awkwardly and frequently shifting his weight. Medications included Flexeril and Ambien being prescribed on a long-term basis. Ambien (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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. 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. Continuing Ambien was not medically necessary.

**Flexeril 10mg quantity 60 for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**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 April 2013 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10. When seen, he was having difficulty sleeping. Physical examination findings included a BMI of over 33. There was an antalgic gait without use of an assistive device. There was decreased and painful lumbar spine range of motion with negative facet loading. Left straight leg raising was positive. There was decreased left lower extremity strength and sensation with a decreased left patellar reflex. He was noted to sit awkwardly and frequently shifting his weight. Medications included Flexeril and Ambien 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 was not medically necessary.