

Case Number:	CM15-0046452		
Date Assigned:	03/18/2015	Date of Injury:	02/16/1996
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 16, 1996. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve requests for cyclobenzaprine and Ambien reportedly prescribed and/or dispensed on February 9, 2015. Celebrex and Neurontin, however, were approved, it was incidentally noted. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant was using Neurontin and Flexeril for pain relief. The applicant was using Flexeril at a rate of one to two tablets daily. The applicant was also using oxycodone three times daily. The applicant reported difficulty ambulating and was using a cane and/or walker to move about, it was further noted. The applicant was severely obese, with BMI of 50. Celebrex, Ambien, and oxycodone were refilled. In an earlier note dated February 9, 2015, the applicant was asked to continue and/or was given refills of oxycodone, Celebrex, Ambien, and Flexeril. The applicant's work status was not clearly outlined, although, once again, it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #45 as prescribed on 2/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: 1. No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Ambien, Celebrex, oxycodone, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 45-tablet supply of cyclobenzaprine at issue, in and of itself, represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ambien 6.25mg #25 as prescribed on 2/9/15: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08.

Decision rationale: 2. The request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The request in question did represent a renewal request for Ambien. While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the attending provider did not, in fact, furnish clear or compelling evidence to support chronic, long-term, and/or daily usage of Ambien in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.