

Case Number:	CM15-0069299		
Date Assigned:	04/16/2015	Date of Injury:	12/09/2010
Decision Date:	05/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on 12/09/2010. He has reported subsequent back and hip pain and was diagnosed with chronic pain due to trauma, lumbago, lumbosacral spondylosis, thoracic or lumbosacral neuritis or radiculitis and enthesopathy of the hip. Other diagnoses included adjustment disorder with depressed mood and anxiety. Treatment to date has included oral pain medication, lumbar epidural steroid injection, chiropractic therapy and facet joint injections. In a progress note dated 03/13/2015, the injured worker complained of right low back, right lower extremity and left testicular pain. Objective findings were notable for tenderness over the paralumbar extensors and facet joints, trigger points in the left lower lumbar spine, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally and decreased sensation to light touch and pin prick over the right L4, L5 and S1 dermatomal regions. A request for authorization of Flexeril and Ambien refills was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 46 year old male has complained of hip pain and low back pain since date of injury 12/9/10. He has been treated with chiropractic therapy, epidural steroid injections, facet joint injections and medications to include Flexeril for at least 4 weeks duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Ambien 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 46 year old male has complained of hip pain and low back pain since date of injury 12/9/10. He has been treated with chiropractic therapy, epidural steroid injections, facet joint injections and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short-term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.