

<b>Case Number:</b>	CM14-0172950		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/27/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52 year-old female. The patient's date of injury is 7/27/2002. The mechanism of injury is not described in the clinical documents. The patient has been diagnosed with chronic pain syndrome, depression, and low back pain. The patient's treatments have included and medications. The physical exam findings dated Jan 15, 2013 states the physical exam as unchanged from the previous visit. The exam on Sept 3, 2014 shows general appearance as no acute distress, there is tenderness to palpation in the lumbar region and the patient is alert and oriented x 3 with no new motor/sensory deficits. The patient's medications have included, but are not limited to, Zolpidem, Intermezzo, Naproxen, Lunesta, Amrix and Gabapentin. The request is for Zolpidem and Amrix. The documents state the patient has been using the Zolpidem since at least January 2013. It is unclear how long the patient has been on Amrix or what the outcomes included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10 MG #30 with 2 Refills:** 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 (Chronic)

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

**Decision rationale:** MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short term use, usually two to six weeks) for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. A taper of this medication has been recommended previously. The documents state the patient has been using the Zolpidem since at least January 2013. According to the clinical documentation provided and current guidelines; Ambien is not indicated as a medical necessity to the patient at this time.

**Amrix 15 MG #30 with 2 Refills:** 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 Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** MTUS guidelines state the following: Amrix is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Amrix requested is not being used for short term therapy. The clinical documents also lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Amrix. At this time, the request is not deemed as a medical necessity.