

<b>Case Number:</b>	CM13-0005122		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	06/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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:

This male sustained an injury on 8/25/04 while employed by the [REDACTED]. Requests under consideration include Conductive garment & mist spray, Flexeril (Cyclobenzaprine) 1 PO BID #60, and Sonata (Zaleplon 10mg) 1 PO QHS #30. Report of 6/3/13 from [REDACTED] is somewhat illegible and noted the patient with complaints of weakness to the right leg; numbness improved with therapy. He takes Norco. Exam of the lumbar spine reveals thrombotic thrombocytopenic purpura (TTP) in paravertebral muscle with spasm; positive straight leg rising; decreased range with flex 46, extension 13, and bilateral bending 13 degrees; motor strength 4/5. Diagnoses included s/p right L4-L5 and L5-S1 decompression on 2/21/13 and lumbar spine strain/sprain with bilateral radiculopathy. Treatment included home health assistance, UDS, additional PT, conductive garment, and discontinuing Ambien and Zanaflex and starting Sonata and Flexeril along with continuing Norco. Requests were non-certified on 6/10/13 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive garment & mist spray:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, interferential stimulation is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous stim unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications and exercise which is documented to control his symptoms. There is no documentation on the short-term or long-term goals of treatment with the interferential unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Home Orthostim unit and its accessories as there is no documented failed trial of TENS. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any transcutaneous stimulation therapy already rendered. The Conductive garment & mist spray is not medically necessary and appropriate.

**Flexeril (Cyclobenzaprine) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**Decision rationale:** MTUS Chronic Pain Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Flexeril (Cyclobenzaprine) 1 PO BID #60 is not medically necessary and appropriate.

**Sonata (Zaleplon 10mg) #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: handbook of Medical Psychiatry, 2nd ed., Mosby, Inc. pp. 230, 460.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Insomnia, pages 535-536

**Decision rationale:** Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Sonata is a benzodiazepine-like, Schedule IV controlled substance. ODG also does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic 2004 injury. Sonata (Zaleplon 10mg) 1 PO QHS #30 is not medically necessary and appropriate.