

<b>Case Number:</b>	CM13-0020668		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 52-year-old male with a reported date of injury on 12/06/2004. The mechanism of injury was noted to be a motor vehicle accident. The injured worker's diagnoses were noted to include degenerative disc disease to the lumbar spine, lumbar disc disorder, and low back pain. His previous treatments were noted to include medications and psychiatric treatment. His medication regimen was noted to include paroxetine CR 25 mg tablets, 1 twice a day; gabapentin 800 mg, 1 three times a day; Flexeril 10 mg, 1 three times a day as needed; Ambien CR 12.5 mg, 1 at bedtime as needed; oxycodone 15 mg, 1 three times a day as needed; lorazepam 0.5 mg, 1 twice a day; and metformin ER 500 mg, 1 twice a day. The progress note dated 08/16/2013 revealed the injured worker complained of low back pain, and poor sleep. The physical examination revealed range of motion to the lumbar spine was restricted with flexion limited to 80 degrees, extension was to 20 degrees, right lateral bending was to 15 degrees, and left lateral bending was to 15 degrees, limited by pain. Upon palpation, paravertebral muscles, spasm, tenderness, and tight muscle band was noted on both sides. There was trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the right. A urine drug screen was performed, which was consistent with therapy. The injured worker indicated that with Flexeril, it helped to reduce the pain from his muscle spasms from 6/10 to 4/10, and it reduced the muscle spasms in his low back that helped him to walk longer and sleep better. The injured worker revealed oxycodone reduces pain from 7/10 to 4/10 and also helped him sleep, and that he was able to do light housework like washing dishes with the help of the medication. The injured worker indicated with Ambien, he could sleep for 7 hours, and without it, his sleep was much more fragmented. He would wake up every hour and may get about 4 hours of sleep. The injured worker indicated when he has poor sleep that his function was affected the next day. The Request for Authorization form was not submitted within the medical

records. The request is for Flexeril for muscle spasms, oxycodone for breakthrough pain, and Ambien CR for insomnia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril (quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The injured worker has been utilizing this medication since at least 12/2011. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The injured worker has been utilizing this medication since 2011, and revealed it reduced the pain from his muscle spasms from 6/10 to 4/10, and he was able to sleep better. The guidelines recommend short-term utilization of this medication; and additionally, the request failed to provide the dosage and frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

**Oxycodone (quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since 2010. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the oxycodone reduced his pain from 7/10 to 4/10. The injured worker indicated because of this medication, he was able to do light housework like washing dishes. A urine drug screen was performed in 08/2013, which was consistent with prescription therapy. The provider indicated

the injured worker did not show signs of intoxication or withdrawal. The documentation provided addressed the 4 A's consistent with opioid medication use; however, the request failed to provide the frequency and dosage at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

**Ambien (quantity unknown):** Upheld

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

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

**Decision rationale:** The injured worker has been utilizing this medication off and on since 2012. The Official Disability Guidelines state zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. The injured worker indicated with the utilization of Ambien, he could sleep for 7 hours, and without it, his sleep was more fragmented; he would wake up every hour and may get 4 hours of sleep. The injured worker revealed that when he has poor sleep, his function is affected the next day. The guidelines recommend short-term utilization for this medication, and the injured worker has been taking this for over 6 months. Additionally, the request failed to provide the dosage and frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.