

<b>Case Number:</b>	CM13-0023799		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Family Practice, has a subspecialty in Pain Medicine and is licensed to practice in Arizona. 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:

Male claimant sustained an injury on 1/14/08 that resulted in cervical, thoracic and lumbar disk disease. He has a diagnosis of carpal tunnel release and a lumbar herniated disc. An examination report by his physician on 7/11/13 stated that he had bilateral hand pain and low back pain that radiated to his lower extremities. The physical examination showed mild sensory deficits in the hands as well as tenderness in the thoracic area. At the visit he was continued on physical therapy, Xanax for sleep (used since 3/2013), Hydrocodone/APAP for pain (used since 3/2013), Cyclobenzaprine for muscle relaxation (previously on Tizanidine and Transdermal cream-FluriFlex. He was continued on the same medications in a visit in Sept 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has

the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. The claimant had previously used tizandine - another muscle relaxant and has been prescribed more than 4 days duration. Therefore, Flexeril is not medically necessary.

**Xanax 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Alprazolam

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

**Decision rationale:** The Physician Reviewer's decision rationale: Benzodiazepine which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, anticonvulsant and muscle relaxant. Furthermore, according to the ODG guidelines - FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom®), flurazepam (Dalmane®), quazepam (Doral®), and temazepam (Restoril®). Triazolam (Halcion®) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. XANAX has been used for several months and is not medically necessary for sleep management.