

Case Number:	CM13-0064700		
Date Assigned:	01/03/2014	Date of Injury:	02/17/2007
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/12/2013

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 licensed in Internal 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 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 37year old man with a medical history of major depressive disorder who sustained a work-related injury on 2/17/07, which resulted in chronic low back pain. He has been diagnosed with lumbar spine stenosis and has had back surgery previously. A primary provider, a pain specialist and a psychiatrist care him for. His treatment for low back pain includes acupuncture and analgesic medications including both narcotic and non-narcotic medications. He is on multiple psychoactive medications for his depression. These medications include Latuda, Cymbalta, and Klonopin. Multiple encounters with his psychiatric provider and primary provider are reviewed including dates 10/17/13, 10/21/13, 10/31/13, 11/4/13 and 11/21/13. On 11/21/13 his pain is rated at a 9/10 and is described as occurring in the low back with radiation down his left leg with muscle spasms. The range of motion of the spine is decreased and reflexes at the knees and ankles are 1+. During the encounter the patient complains of depression and anxiety but denies any suicide ideation. On 10/17/13 the provider refers to insomnia due to pain in the assessment and plan. He prescribed multiple medications including Tramadol, Butrans pain patches, Tizanidine 6mg twice daily #60 and Intermezzo (zolpidem SL) 3.5mg for sleep #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermezzo (Zolpidem SL) 3.5 mg, 1 tablet at bedtime for sleep, #30 for 30 days: 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), Treatment Index, 11th Edition (web), 2013, Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Uptodate.com-Approach to the patient with Insomnia, Drug information

Decision rationale: The MTUS is silent regarding the use of Ambien for chronic insomnia. The FDA has approved the use of zolpidem for short-term treatment of insomnia (with difficulty of sleep onset). Zolpidem is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case the patient is unable to sleep due to neuropathic pain. The goal of treatment should be pain control and the first line treatments for neuropathic pain are antiepileptic medications and antidepressant medications. There is not documentation that the patient has been treated with an antiepileptic medication. Furthermore the patient suffers from depression with a history of suicide attempt. Zolpidem is a sedative hypnotic that can worsen depressive symptoms. The use of Zolpidem is not medically necessary for this patient.

Tizanidine (Zanaflex) 6 mg, 1 tablet twice a day for back spasm, #60 for 15 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDs in pain and overall improvement and offer multiple side effects including sedation and somnolence. Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Side effects include somnolence, hypotension and weakness. Sedation may be worse with patient's taking concurrent CNS depressants (such as klonopin). In this case the patient is being treated with multiple medications with CNS depressant effects. The use of tizanidine may increase the side effects sedation and somnolence with this injured worker. This class of medications has not been shown to be more effective than NSAIDs and this patient is not being treated with any NSAID analgesic medications. Furthermore, muscle relaxants are for short-

term use during an acute exacerbation of LBP. The patient was prescribed tizanidine on 10/17/13 and there is no documentation of an acute exacerbation of pain at that time. The use of tizanidine is not medically necessary