

<b>Case Number:</b>	CM13-0070056		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/10/1987
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine; and is licensed to practice in Illinois, Indiana and Texas. 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 51-year-old who sustained a work related injury on December 10, 1987, mode of injury was not provided. The patient has diagnosis of low back pain, sacroiliac pain, lumbar degenerative disc disease, and lumbar radiculopathy. The patient was seen on December 09, 2013 for a follow-up visit. The patient states pain levels remained unchanged since last visit, no problems or side effects noted other than constipation and quality of sleep was poor. The patient noted activity levels remained the same and was taking medication as prescribed. The patient's current medications include Amitiza, OxyContin, Flexeril, oxycodone, Silenor, Topamax, Verapamil, Zomig, hydrochlorothiazide, and lisinopril/hydrochlorothiazide. The physician states an electromyography (EMG) was done to the lower extremity in January 2012 and the findings were within normal limits with no evidence of lumbar radiculopathy. On examination of the lumbar spine, the physician noted range of motion was restricted with flexion 20 degrees due to pain, extension 5 degrees, right lateral bend 10 degrees, and left lateral bend 10 degrees. On palpation, the physician noted paravertebral muscle tenderness and left lumbar paravertebral with more tenderness than right. The patient was able to walk on heels and unable to walk on toes. The physician noted tenderness over the sacroiliac spine and tenderness to palpation of left lumbar paravertebral muscles greater than the right. The physician noted tenderness over the sacroiliac (SI) joint on the left side and Fabere's test was positive. The physician stated that motor testing was limited due to pain. On sensory examination, light touch sensation was decreased over the medial calf and anterior thigh on both sides. Plan for the patient per the physician was authorizing for last SI joint injection and a lumbar MRI as well as to continue current medication regimen. The patient did note on the current medications she is able to manage pain and had been able to complete activities of daily living.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Silenor 3mg tab 1 at bedtime as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines for Insomnia Page(s): 24.

**Decision rationale:** Silenor belongs to a group of drugs called hypnotics and is used for insomnia. The California MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The clinical information provided noted the patient's activity level has remained the same and that her sleep was poor. There was no notation of how often the patient was taking this medication and what improvement the patient has experienced as a result of this medication to support continuation. In addition, the request as submitted did not provide a quantity of the medication. Therefore, the request is non-certified.

**FLEXERIL 10MG TAB; ONE (1) DAILY:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines state that Flexeril is recommended as an option, using a short course of therapy. It is also noted that treatments should be brief. The addition of cyclobenzaprine to the agents is not recommended. Guidelines state that the medication is not recommended to be used for longer than 2 to 3 weeks. There was no official pain assessment completed at this December 09, 2013 office visit as far as numerical assessments. There was no quantity noted on the request, thus the reviewer is not sure of the total number to be dispensed. In addition, it was noted in the documentation that the physician has already started weaning the patient from this medication. Therefore, the request is non-certified.