

<b>Case Number:</b>	CM14-0012916		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/16/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine 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 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 59 year old male who has submitted a claim for bilateral L5-S1 radiculopathy with positive EMG with nerve conduction study, L5-S1 disc protrusion, L4-L5 disc protrusion, grade I anterolisthesis of L4 on L5 measuring 2mm, bilateral L4-L5 foraminal stenosis, central disc protrusion at L5-S1 measuring 2mm with an annular disc tear, mild bilateral L5-S1 foraminal stenosis, and industrially-related sleep disturbance secondary to chronic pain associated with an industrial injury date of August 16, 2008. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 8-9/10 in severity. The pain radiates to the bilateral posterior thighs and bilateral posterior calves. The pain was exacerbated by all activities. Physical examination showed restricted range of motion of the lumbar spine. Lumbar discogenic provocative maneuvers were positive. Motor strength was 4/5 on the right extensor hallucis longus, right tibialis anterior, and right gastrocnemius. Imaging studies were not available for review. Treatment to date has included medications and activity modification. A utilization review dated January 1, 2014, denied the request for Zolpidem 10mg #30 because it is not recommended for long-term use. The request for Baclofen 10mg #60 was denied as well because there was no documentation that the medication was being used as a second-line option for short-term treatment of acute low back pain, or for short-term treatment of acute exacerbations in patient with chronic low back pain. A comprehensive medical evaluation report, dated January 9, 2014, appealed the denial stating that Zolpidem is medically necessary to treat the patient's disturbed sleep cycles and that it provides an additional 3 hours of sleep for the patient. Baclofen provides 50% improvement of spasm with maintenance of his activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE ZOLPIDEM 10 MG # 30 DOS 12/26/2013: Upheld**

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

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

**Decision rationale:** The ODG states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, the patient has been taking Zolpidem since July 2013. Although an appeal stated that the medication is necessary to treat the patient's disturbed sleep cycles and that it provides additional 3 hours of sleep, long-term use of Zolpidem is not recommended. Furthermore, there is no mention regarding the patient's sleeping habits that warrant the use of Zolpidem. Therefore, the request is not medically necessary.

**BACLOFEN 10 MG # 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 (for pain) Page(s): 64.

**Decision rationale:** According to page 64 of the MTUS Chronic Pain Guidelines, the use of Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the patient has been on Baclofen since September 2013. There was no objective evidence of functional improvement from the medication. No muscle spasms were noted on the medical records submitted and there were no noted multiple sclerosis or spinal cord injury, which are indications for the use of Baclofen. Therefore, the request is not medically necessary.