

<b>Case Number:</b>	CM14-0113000		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 72-year-old female who has submitted a claim for cervical spondylosis and lumbosacral disc degeneration, associated with an industrial injury date of 03/30/2011. Medical records from January 2014 to July 2014 were reviewed. Patient complained of low back pain. The mechanism of injury occurred when she grabbed someone, who was about to fall, which caused her to pull something around the tailbone and bilateral legs. Pain medications were given. She also had sessions of physical therapy, but it did not help. According to the patient, Voltaren gel helped to relieve the pain. Pain in the lumbar spine and the knees, however, were noted to be severe and constant. The patient had difficulty of walking. Physical examination of the lumbar spine revealed tenderness to the paravertebral muscles. There was spasm in the surrounding tissue. Examination of the right patella revealed tenderness. Treatment to date has included Ibuprofen, Baclofen, Tizanidine, Tramadol, Gabapentin, Lyrica, Soma, Ambien, Toradol intramuscular injection, Voltaren gel (since January 2014), and physical therapy. Utilization review from July 2, 2014 denied the request for Ambien 10 mg #30, Tizanidine HCL 4 mg #120, and Voltaren gel 1%, 2 tubes. Regarding with Ambien, it is not recommended for long-term use. There was no documentation about patient's sleep disturbance, results of sleep behavior modification attempts, or documentation of failed treatments. Regarding with Tizanidine, there was no documentation of spasm relief from use of this medication. It is also not recommended as long-term use. Guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone. There was insufficient documentation contraindicating the use of NSAIDs for the patient's condition. Regarding Voltaren Gel, guidelines do not recommend topical anti-inflammatory gel, as it does not have proven efficacy. It was also not mentioned that the patient cannot tolerate similar drugs on an oral basis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #30:** Upheld

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

**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 California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. As stated on Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use since such medications can be habit forming and they can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, it was not stated in the documentation that there are current sleep problems. It was also not mentioned that there were attempts to modify the patient's sleep behavior. Moreover, the records showed that the patient has already been prescribed Ambien before. The exact date it was prescribed was not specified. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

**Tizanidine HCL 4 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** As stated on pages 63 and 66 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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 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. In this case, the patient has taken Tizanidine since at least June 2014. Patient reported symptom relief from its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. The patient has also taken NSAIDS, such as ibuprofen and baclofen. Tizanidine show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit

shown in combination with NSAIDs. Therefore, the request for Tizanidine HCL 4 mg #120 is not medically necessary.

**Voltaren gel 1%, 2 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-inflammatory gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

**Decision rationale:** According to page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, the patient was previously prescribed Voltaren gel in January 2014, in conjunction with oral pain medications. She claimed that it offered relief from her back pain. The use of Voltaren in this case, however, is not in accordance with guideline recommendations as there is little evidence for its use for back pain. The medical records also failed to provide evidence of osteoarthritis, which may warrant the use of Voltaren gel. Furthermore, there was no mention of failed treatment with oral NSAIDs. The medical necessity was not established. Therefore, the request for Voltaren gel 1%, 2 tubes, is not medically necessary.