

<b>Case Number:</b>	CM14-0040829		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 11/02/2000, who reportedly sustained an injury to her lower back. It was documented she was at work, getting out of her car, carrying a box, and she tripped over tree root and fell on the sidewalk. The injured worker's treatment history included drug screen, MRI, medications, and epidural steroid injections. The injured worker was evaluated on 03/12/2014, and it was documented that the injured worker had persistent low back pain which radiated down the right lower extremity. The provider noted the injured worker had undergone epidural steroid injection; however, significantly she had less pain than before but still continued to have at least 60% pain relief of the leg. It was noted that the injured worker's current medication regimen was working well with no adverse side effects, no aberrant behaviors. The provider noted her pain level off medication is 8/10 and on medication is 4/10. Physical examination of lumbar spine revealed tenderness to the lumbar paraspinal muscles, more on the right and mild right sided notch tenderness. She had normal gait. Medications included Norco 5/325, tramadol ER 150 mg, Flexeril 10 mg, Relafen 750 mg, Prilosec 20 mg, Colace 100 mg, Cymbalta 60 mg, and Temazepam 30 mg. Diagnoses included S/P L4-5 and L5-S1 lumbar fusion. Authorization dated 03/24/2014 was for Temazepam, Tizanidine, and Prilosec; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted state per the psychiatrist the injured worker was prescribed to take Temazepam however, there no documents submitted for review to validate the continuance of this medication. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Temazepam 30 mg is not medically necessary.

**Tizanidine 4mg #240 dispensed 03/12/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

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

**Decision rationale:** The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted on 03/12/2014 state the medications are beneficial to the injured worker; however, there was lack of documentation of long-term functional improvement for the injured worker. There is lack of evidence provided that the injured worker received conservative care such as, physical therapy and pain medication management. Furthermore, the request lacked frequency and duration of the medication. In addition, the guidelines do not recommend Tizanidine to be used for long-term-use. Given the above, the request for Tizanidine 4mg #240 dispensed 03/12/2014 is not medically necessary.

**Prilosec 20 mg #60 dispensed 03/12/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The requested is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did not indicate that the injured worker having gastrointestinal events. In addition, the request lacked frequency of the medication for the injured worker. Given the above, the request for Prilosec 20 mg #60 dispensed 03/12/2014 is not medically necessary.