

<b>Case Number:</b>	CM14-0047504		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 67-year-old male who reported an injury on 12/18/2006 due an unknown mechanism. The injured worker had a physical examination on 06/03/2014 which revealed the injured worker had ongoing leg spasticity. The injured worker stated he slept about 3 to 4 hours before his legs start jumping and awaken him. The injured worker has an intrathecal medication pump. He has had two spinal surgeries and physical therapy which he stated helped. The injured worker had complaints of upper and lower extremity pain with spasticity. He stated the pain was moderate to severe. The injured worker had surgery to the cervical spine and the lumbosacral spine in the past, and 08/05/2010 he had an intrathecal pump implant as well as physical therapy. The medication that was in the intrathecal pump was Baclofen. Other medications for the injured worker were Ambien, Clonazepam, Lyrica 150 mg 1 tablet 3 times a day, and Tizanidine 4 mg 1 at 3 times a day. The diagnoses for the injured worker were unspecified quadriplegia, lumbago, and displacement of lumbar disc without myelopathy. The treatment plan for the injured worker was to maintain intrathecal Baclofen at 105.06 mcg per day, continue with primary care treating physician, request authorization for genetic testing to help identify the enzymes that the body uses to metabolize the opioids, and to return to clinic. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg 1 tab TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

**Decision rationale:** The request for clonazepam 0.5 mg 1 tab 3 times a day is not medically necessary. Clonazepam is a Benzodiazepine drug and also is considered an anticonvulsant. The California Medical Treatment Utilization Schedule states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The range of action includes sedative/hypnotic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsants and muscle relaxers occurs within weeks. Chronic Benzodiazepines are the treatment of choice in very few conditions. The medical guidelines do not recommend clonazepam for a long-term use medication. The injured worker was first prescribed this medication on 12/31/2013; therefore, the duration of this medication exceeds guideline recommendations. Although the injured worker has been prescribed this medication the provider did not indicate the frequency for the medication. The duration of use of this medication exceeds guideline recommendations. The request for Clonazepam 0.5 mg 1 tab 3 times a day is not medically necessary.

**Ambein 10mg 1 tab 1 times per day #15:** 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) Pain, Zolpidem.

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

**Decision rationale:** The request for Ambien 10 mg 1 tab 1 time per day quantity of 15 is not medically necessary. Ambien is considered a nonbenzodiazepine hypnotic. It works quickly, usually within 15 minutes, and has a short half-life of 2 to 3 hours. Ambien's side effects are sedative/hypnotic and memory impairing effects. The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term period (usually 2 to 6 weeks) for the treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and antianxiety agents are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming. The injured worker started taking Ambien on 03/13/2014; however, the medical guidelines do not recommend a period of more than 2 to 6 weeks. It was noted the medication was helpful for the injured worker; however, the duration of use of this medication exceeds guideline recommendations of no more than 2-6 weeks. Therefore, the request is not medically necessary.

