

<b>Case Number:</b>	CM13-0024774		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/19/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 1/19/2001. The diagnoses have included post cervical laminectomy syndrome, shoulder pain, cervical pain and spasm of muscle. Treatment to date has included cervical epidural injections, trigger point injections and pain medications. According to the progress note dated 6/9/2014, the injured worker complained of neck pain radiating down the right arm with tingling over the second, third and fourth right finger. Pain level with medications was rated as 7/10; pain without medications was rated as 9/10. Quality of sleep was poor. She was trying a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Physical exam of the spine revealed a trigger point with radiating pain and twitch response on palpation at the trapezius muscle on the right. Inspection of the neck revealed muscle spasm and restricted movement. Inspection of the right wrist revealed swelling and tenderness to palpation. The injured worker reported that her current pain regimen worked well to decrease pain so she could continue her activities of daily living. Current medications included Silenor, Zanaflex, Ultram, Neurontin, Omeprazole and Duragesic. On 9/3/2013, Utilization Review (UR) modified a request for Zanaflex 4mg, one tablet at bedtime as needed, #30 with 3 refills to Zanaflex 4mg one tablet at bedtime as needed #15 with no refills. UR modified a request for Ambien 5mg one tablet at bedtime as needed #30 to Ambien 5mg one tablet at bedtime as needed # 15. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG TAB 1 AT BEDTIME AS NEEDED #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 (ODG), Pain, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ambien

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG:Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. This medication is not intended for long-term ongoing use in the treatment of insomnia. There is no documentation of failure of first line treatment choices for insomnia. Therefore the request is not certified.

**ZANAFLEX 4MG TAB 1 AT BEDTIME AS NEEDED #30 WITH 3 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified.

