

<b>Case Number:</b>	CM15-0192357		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/14/2008
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female who sustained an industrial injury on 4-14-08. The assessment is noted as chronic pain syndrome, thoracic outlet syndrome (brachial plexus lesions), and worker in work related accident. In a progress note dated 8-25-15, the physician reports during a flare of pain she uses 1-2 Percocet per day and that Tizanidine and Flexeril help during flare when muscles spasm as well. Pain level with medications is reported at 5 out of 10 and without is 10 out of 10. Muscle aches, arthralgias, depression and sleep disturbances are noted. Objective exam is reported as right hand grip is 4 out of 5, sensation is decreased to pin prick C5 on the right, pinprick C6 on the right and pin prick C8 on the right and allodynia is noted to be left more than right hand. Previous treatment includes at least 1 physical therapy session, medications, injections, and a spinal cord stimulator. A request for authorization is dated 8-25-15. On 9-2-15, the requested treatment of Tizanidine 4mg #60 with 5 refills was non-certified and Restoril 15mg #30 was modified to 1 prescription of Restoril 15mg #8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in April 2008 and continues to be treated for chronic pain including a diagnosis of thoracic outlet syndrome. She had surgery for this in April 2010 with a rib resection and scalenectomy complicated by nerve swelling. Diagnoses also include CRPS. She has a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, she had symptoms of depression and was having ongoing difficulty sleeping. Physical examination findings included decreased grip strength and decreased upper extremity sensation. There was bilateral allodynia. Tizanidine with 5 refills and Restoril were prescribed. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis, intended for at least another 6 months. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

**Restoril 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in April 2008 and continues to be treated for chronic pain including a diagnosis of thoracic outlet syndrome. She had surgery for this in April 2010 with a rib resection and scalenectomy complicated by nerve swelling. Diagnoses also include CRPS. She has a spinal cord stimulator. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, she had symptoms of depression and was having ongoing difficulty sleeping. Physical examination findings included decreased grip strength and decreased upper extremity sensation. There was bilateral allodynia. Tizanidine with 5 refills and Restoril were prescribed. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The ongoing prescribing of Restoril is not considered medically necessary.