

<b>Case Number:</b>	CM15-0205939		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/06/1992
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, California  
 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:

This is a 59 year old male patient, who sustained an industrial-work injury on 4-6-92. The diagnoses include post lumbar laminectomy syndrome and chronic back pain. Per the doctor's note dated 8/13/2015, he had complains of back pain rated 9 out of 10 without medication; constipation and pain in the front of both hips. Quality of sleep was poor. Activity level had remained the same. Physical examination revealed back pain, normal gait, restricted range of motion to the lumbar spine, bilateral tenderness to the paravertebral muscles, hypertonicity, spasm, internal rotation of the femur caused deep buttock pain, and reduced reflexes, normal motor strength, decreased sensation over the medial calf, foot, medial foot on the right side and lateral foot, and medial foot on the left. The medications list includes Relpax, Flector 1.3% patch, Ultram, Linzess, Omeprazole, Restoril, Duragesic 75 mcg-hr, Skelaxin 800 mg, Tekturna (Aliskiren), Atenolol, Diovan, Atorvastin, and Amlodipine Besylate. He has undergone lumbar laminectomy. Other therapy done for this injury was not specified in the records provided. Current plan of care includes medication adjustment and refill. The Request for Authorization requested service to include Restoril 30mg #30 and Skelaxin 800mg. The Utilization Review on 9-21-15 denied the request for Restoril 30mg #30 and Skelaxin 800mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15) Benzodiazepine.

**Decision rationale:** Restoril 30mg #30. Restoril contains temazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended 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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed history of insomnia and anxiety since date of injury is not specified in the records provided. Response to other measures for the treatment of insomnia/anxiety is not specified in the records provided. The medical necessity of Restoril 30mg #30 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Skelaxin 800mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Skelaxin 800mg Skelaxin contains metaxalone. According to the California MTUS, Chronic pain medical treatment guidelines skelaxin is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." California MTUS, Chronic pain medical treatment 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. Per the guideline, "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." Per the doctor's note dated 8/13/2015, he had complains of back pain rated 9 out of 10 without medication. He has objective findings on the physical examination-restricted range of motion to the lumbar spine, bilateral tenderness to the paravertebral muscles, hypertonicity, spasm, internal rotation of the femur caused deep buttock pain, and reduced reflexes, decreased sensation over the medial calf, foot, medial foot on the right side and lateral foot, and medial foot on the left. He has a history of lumbar spine surgery. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, skelaxin is recommended for short term therapy. Short term or prn use of skelaxin in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Skelaxin 800mg is medically appropriate and necessary to use as prn during acute exacerbations.