

<b>Case Number:</b>	CM15-0022215		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 sustained an industrial injury on 8/12/03. He has reported neck, back, upper extremities, and shoulder injuries. The diagnoses have included osteoarthritis, disc degeneration, myofascial pain syndrome, and cervical sprain. Treatment to date has included medications, conservative measures, and Home Exercise Program (HEP). Surgery included anterior discectomy and fusion of cervical spine in 1991. Currently, the injured worker complains of neck pain that radiates down the arms. He states that the medications are helpful as the pain level and functional status improve with the medications. Physical exam revealed cervical range of motion was limited to 70 percent normal. Trigger points were identified along the cervical paraspinal muscles and periscapular region. There was tenderness in the shoulders with mild end range pain on range of motion. The current medications were oxycontin, Norco, Ambien, and baclofen. He was to continue with Home Exercise Program (HEP). He was to continue with his regular work duties as the medications allow him to continue to perform his regular work. On 2/2/15 Utilization Review non-certified a request for Baclofen 10MG #30 (x5 Refills) and Ambien 10MG #30 (x5 Refills), noting that regarding the Baclofen 10MG the guidelines only support the use of muscle relaxants for short term, 2-3 weeks for acute flare-ups of chronic pain and spasm. The (MTUS) Medical Treatment Utilization Schedule guideline was cited. Regarding the Ambien 10MG the physician noted that this can be habit forming and may impair function and memory more than opioid pain relievers and there was no mention of any sleep difficulty. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10MG #30 (x5 Refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64.

**Decision rationale:** Baclofen is classified as a muscle relaxant. MTUS 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 . . . 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." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. The request quantity with 5 refills is in excess of the recommendations. As such, the request for Baclofen 10MG #30 (x5 Refills) is not medically necessary.

**Ambien 10MG #30 (x5 Refills): 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)

**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, insomnia treatment

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep

maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary at this time.