

<b>Case Number:</b>	CM15-0036737		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 3/19/01. She has reported neck injury. The diagnoses have included cervicalgia with bilateral radiculopathy, lumbago with bilateral radiculopathy, myofascial syndrome, cervicogenic headaches with intractable pain, reactive depression and anxiety, frequent falls, spinal cord stimulator trial of the lumbar spine and second spinal cord stimulator trial of lumbar spine by Medtronic. Treatment to date has included spinal cord stimulator and medications (Nucynta ER, AcipHex, Paxil 10mg, Flexeril 10mg, Restoril 15mg and Terocin 4% patches). Currently, the injured worker complains of continuing neck pain. Progress note dated 1/8/15 noted spinal cord stimulator trial produced 75% reduction in low back pain, significant improvement in functional status and ability to perform activities of daily living. On physical exam spasms of cervical muscle are noted on upper trapezius muscles on both sides with cervicogenic headaches, edema of left side of face and neck, pain also radiates into bilateral upper extremities; weakness is noted in right hand grip with weakness in flexion and extension in right upper extremity. On 2/7/15 Utilization Review non-certified Flexeril 10mg, noting it is recommended for short term use and she has been prescribed Flexeril since 3/12 and Restoril 15mg #60, noting she has been weaning off this medication since 10/15/14. The MTUS, ACOEM Guidelines, was cited. On 2/26/15, the injured worker submitted an application for IMR for review of Flexeril 10mg and Restoril 15mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10 MG is not medically necessary and appropriate.

**60 Restoril 15 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The 60 Restoril 15 MG is not medically necessary and appropriate.