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| <b>Case Number:</b>   | CM15-0052323 |                              |            |
| <b>Date Assigned:</b> | 03/25/2015   | <b>Date of Injury:</b>       | 05/27/1997 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: New Jersey  
 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 48 year old male, who sustained an industrial injury on 05/27/1997. He has reported injury to the low back. The diagnoses have included chronic low back pain; major depressive disorder; and status post posterior fusion at L5-S1. Treatment to date has included medications, diagnostics, spinal cord stimulator, and surgical intervention. Medications have included Bupropion, Duloxetine, Tizanidine, Hydrocodone, and Zolpidem. A progress note from the treating physician, dated 02/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of frequent low back pain which extends into the right gluteal region; episodic dizziness associated with nausea, sweating, and sensation of difficulty breathing, but without chest pain; due to have stress test; and medications are helpful with pain. Objective findings included stable low back pain with opioid analgesic therapy; depression is improved a bit; and medications are allowing tolerance for daily activities. The treatment plan has included 1 prescription for Tizanidine 4 mg; and 1 prescription for Zolpidem 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Tizanidine 4mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence presented to the reviewer which might set this case apart from the Guidelines' recommendation to not use this medication chronically, as was used in this case. Therefore, the request for Tizanidine will be considered medically unnecessary.

**1 prescription for Zolpidem 10mg #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, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment section.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was insufficient evidence to suggest this worker's use of Zolpidem as needed on a chronic basis was warranted. Zolpidem is not to be used chronically and therefore, it will be considered medically unnecessary to continue.