

<b>Case Number:</b>	CM15-0055907		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 59 year old female who sustained an industrial injury on 11/13/03. Initial complaints and diagnoses are not available. Treatments to date include medications and pool therapy. Diagnostic studies are not addressed. Current complaints include continued total body pain, chronic fatigue, and difficulty sleeping. Current diagnoses include myalgia and myositis, ganglion of the joint, and carpal tunnel syndrome. In a progress note dated 01/28/15 the treating provider reports the plan of care as continued diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan, as well as continued pool therapy and daily acupuncture for one week, as well as chronic pain management. The requested treatments include Tizanidine, topical cyclobenzaprine and Fluribiprofen, sonata, Prilosec, and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** The current request is for Tizanidine 2mg #60. The RPA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. MTUS Chronic Pain Guidelines pg. 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities. It was noted that medications and topical creams work to relieve her pains and fatigue." Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Tizanidine since before 01/28/15 as this reported suggests that the patient continue with medications. Although there is a generic statement that medications relieve pain, there is no discussion regarding functional changes with using this medication. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.

**Cyclobenzaprine cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

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

**Decision rationale:** The current request is for Cyclobenzaprine cream #1. The RFA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period."

Abuse has been noted for sedative and relaxant effects. Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities. It was noted that medications and topical creams "work to relieve her pains and fatigue. Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Cyclobenzaprine since before 01/28/15 as this reported suggests that the patient continue with medications. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.

**Flurbiprofen cream #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The current request is for Cyclobenzaprine cream #1. The RPA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities. It was noted that medications and topical creams work to relieve her pains and fatigue. Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Cyclobenzaprine since before 01/28/15 as this reported suggests that the patient continue with medications. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary

**Sonata 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Zaleplon Sonata.

**Decision rationale:** The current request is for Sonata 10mg #30. The RPA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. ODG guideline Mental Illness and Stress Chapter states "Zaleplon Sonata reduces sleep latency because of its short half-life one hour, may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks." Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed "no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities." It was noted that medications and topical creams "work to relieve her pains and fatigue." Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Sonata since before 01/28/15 as this reported suggests that the patient "continue" with medications. Although sleep issues are documented for this patient, the ODG states that "this medication has a rapid onset of action. Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks." The requested #30, with prior use, does not indicated short term use. This request IS NOT medically necessary.

**Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The current request is for Prilosec 20mg #30. The RPA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. MTUS Chronic Pain Guidelines page 69 regarding NSAIDs, GI symptoms & cardiovascular risk states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities. It was noted that medications and topical creams work to

relieve her pains and fatigue. Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Prilosec since before 01/28/15 as this reported suggests that the patient continue with medications. Prophylactic use of PPI is indicated by MTUS. However, there are no NSAID's included in patient's medications. Furthermore, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Ativan .5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Benzodiazepines.

**Decision rationale:** The current request is for Ativan .5mg #30. The RPA is dated 02/03/15. Treatments to date include medications and pool therapy. The patient is not working. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." Per report 01/28/15, the patient presents with continue total body pain, chronic fatigue and problems sleeping. Examination revealed no new joint swelling, not very tender, less spasm, normal neurological examination and no rheumatoid arthritis deformities. It was noted that medications and topical creams "work to relieve her pains and fatigue." Under treatment plan the treater recommended patient to continue medications diclofenac, Prilosec, topical cyclobenzaprine and flurbinz, Tizanidine, sonata, fluoxetine, Lyrica, and Ativan. This is the only progress report provided for review. In this case, the patient has been utilizing Ativan since before 01/28/15 as this reported suggests that the patient continue with medications. MTUS and ODG guidelines recommend against the use of Ativan for more than 4 weeks, due to unproven long-term efficacies, and "risk of psychological and physical dependence or frank addiction." This request is not in accordance with guideline recommendations. Therefore, the request for Ativan IS NOT medically necessary.