

<b>Case Number:</b>	CM14-0158589		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old woman date of injury 11/18/08. She is being treated for insomnia and chronic low back pain due to degenerative disc disease, lumbar facet arthropathy and lumbar radiculopathy. Patient's complaints include low back pain radiating into the right lower extremity and bilateral lower extremity paresthesias with frequent lumbar muscle spasms. Pain medications reduce her pain to 2-3/10. Patient has been on a regular dose of Zolpidem, Hydrocodone, Gabapentin and Tizanidine. Records indicate that on 7/25/14 prescriptions were provided for Zolpidem 10 mg at bedtime, Tizanidine 4 mg when necessary at bedtime, Gabapentin 600 mg daily and Hydrocodone 10 mg every 8 hours as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, zolpidem

**Decision rationale:** The injured worker presents with chronic low back pain notable for muscle spasms and sleep impairment. Records indicate that the patient has been on a chronic dose of zolpidem at bedtime and tizanidine at bedtime as needed. With regards to non-benzodiazepine hypnotics, ODG guidelines recommends short-term use for treatment of insomnia (7-10 days). They are rarely recommended for long-term use in chronic pain syndromes. Records indicate that the patient has undergone an Insomnia Severity Index screening on May 2, 2014 which determined low threshold insomnia. There is no subsequent data in the records which support the effectiveness of long-term use of zolpidem. Zolpidem as prescribed exceeds MTUS guidelines and is therefore not medically necessary.

**TIZANIDINE 2MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasmodics Page(s): 64-66.

**Decision rationale:** Injured worker presents with chronic low back pain notable for muscle spasms and apparent sleep impairment. Records indicate the patient has been on a chronic dose of tizanidine and zolpidem at bedtime. With regards to muscle relaxants, MTUS guidelines recommends short-term use in the treatment of muscle spasms in low back pain. Tizanidine has been recommended for treatment of chronic myofascial pain. Available documentation fails to demonstrate evidence of chronic myofascial pain syndrome. Nor does it provide rationale for chronic use of a muscle relaxant for low back pain. Request for tizanidine as stated is therefore not medically necessary.