

Case Number:	CM14-0097181		
Date Assigned:	09/16/2014	Date of Injury:	07/08/1996
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine 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:

This is a 56-year-old male patient who reported an industrial injury to the neck and back on 7/8/1996, over 18 years ago, attributed to the performance of his usual and customary job duties. The patient continues to complain of neck and lower back pain. The patient was noted to receive a recent left S1 epidural steroid injection with some benefit. The patient is not on any narcotic medications. The patient is prescribed Neurontin 1200 mg QAM and 1200 mg QHS; Ambien 10 mg PO QHS; Viagra 100 mg; and Baclofen 10 mg PRN. The objective findings on examination included increased tenderness to the lumbar paraspinal muscles bilaterally; positive left leg lift with radiating symptoms down the left S1 dermatome. The treating diagnoses include history of cervical fusion at C6-C7 during 1997; history of bilateral carpal tunnel releases 2002; chronic neck, thoracic, low back pain syndrome; diabetic peripheral neuropathy; chronic low back pain; and MRI demonstrating 4 mm L5-S1 left sided disc bulging resulting in left neuroforaminal narrowing. The patient was prescribed baclofen 10 mg #60 2 refills and zolpidem 10 mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Baclofen 10mg #60 x2 for DOS 04/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: There are no medical records submitted by the prescribing physician to support the medical necessity of the prescribed Baclofen over a prolonged period of time. The patient has been prescribed muscle relaxers on a long-term basis; routinely; for the treatment of chronic pain. The muscle relaxers are not directed to the relief of prn muscle spasms but to the treatment of chronic back pain. The patient is prescribed Baclofen on a daily basis with routine dosing for chronic pain. Muscle relaxers are recommended for prn use for the treatment of spasms and not for chronic pain. The use of the Baclofen for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Baclofen is not recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. The CA MTUS does recommend Baclofen for the treatment of low back pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled use for back pain. Baclofen is not recommended by evidence-based guidelines for the treatment of chronic back pain. Baclofen is widely used in the treatment of spastic movement disorders in the instances of spinal cord injury, spastic diplegia; cerebral palsy, MS; ALS; peripheral neuropathies; and Trigeminal/glossopharyngeal neuralgias. There is no documentation of sustained functional improvement through the use of the prescribed Baclofen 10 mg #60 times 2 refills for which the patient has received ongoing prescriptions. The continued use of the same prescription for Baclofen has been chronically continued and there has been no attempt to wean the patient off the prescribed Baclofen. There is no demonstrated functional improvement and no assessment of efficacy. There is no demonstrated medical necessity for the prescribed Baclofen 10 mg #60 with two refills.

Retrospective Request for Zolpidem 10mg #30 x3 for DOS 4/30/14: 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) Pain Chapter-- insomnia and Zolpidem Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/ambien.html>

Decision rationale: Zolpidem 10 mg #30 is recommended only for the short-term treatment of insomnia for two to six weeks. The Zolpidem 10 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The

patient is being prescribed the Zolpidem for insomnia due to chronic pain simply due to the rationale of chronic pain without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem 10 mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem. There is no documentation of alternatives other than Zolpidem have provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The CA MTUS and the ACOEM Guidelines are silent on the use of sleeping medications. The ODG does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however, retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. There is no medical necessity for the prescribed Zolpidem 10 mg #30 with refills times 3.