

<b>Case Number:</b>	CM14-0039932		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/05/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 53 year old male who sustained an industrial injury on 08/05/2009. Diagnoses are failed back syndrome, lumbar facet joint disease, and lumbar degenerative disc disease. A physician note dated 11/14/2013 documents the injured worker continues to have significant pain relief after the performance of lumbar radiofrequency ablation. However he will have occasional flare-ups. He has tenderness on palpation that is much improved. He has had no adverse side effects on his current medications. The injured worker presents for medication refills. The treating provider is requesting Ambien 10mg 1 tablet by mouth nightly 30 tablets, Ibuprofen 800mg 1 tablet by mouth every 8 hours 90 tablets, and Tizanidine 4mg 1 tablet by mouth every 6 hours 120 tablets. On 03/26/2014 Utilization review non-certified the request for Ambien 10mg 1 tablet by mouth nightly 30 tablets, citing Official Disability Guidelines-Insomnia Treatment. Regarding Ibuprofen 800mg 1 tablet by mouth every 8 hours 90 tablets, Utilization Review non-certified this request, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic pain Medical Treatment Guidelines-Non-Steroidal Anti-Inflammatory Drugs. Utilization Review non-certified the request for Tizanidine 4mg 1 tablet by mouth every 6 hours 120 tablets, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic pain Medical Treatment guidelines-Muscle Relaxants (for pain).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1 tablet by mouth nightly 30 tablets:** 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 (updated 3/18/14) Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem, insomnia treatment

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, there has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg 1 tablet by mouth nightly 30 tablets is not medically necessary at this time.

**Ibuprofen 800mg 1 tablet by mouth every 8 hours 90 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain." The treating physician did not document a decrease in pain or functional improvement from the use of

Ibuprofen. As such the request for Ibuprofen 800mg 1 tablet by mouth every 8 hours 90 tablets is not medically necessary.

**Tizanidine 4mg 1 tablet by mouth every 6 hours 120 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guideline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

**Decision rationale:** Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and 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. (See2, 2008) MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" Guidelines recommend against the usage of this type of medication for long term use. The treating physician has not provided documentation that indicates that the patient is getting relief from Zanaflex. As such, the request for Tizanidine 4mg 1 tablet by mouth every 6 hours 120 tablets is not medically necessary.