

<b>Case Number:</b>	CM15-0115886		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62-year-old male, who sustained an industrial injury on 11/6/12. He reported pain of the neck; mid-back, right forearm, right shoulder and right upper limb numbness and tingling follow an electrical shock, which caused him to fall backward off a 12-foot ladder. The injured worker was diagnosed as having cervical radiculopathy, lumbosacral radiculopathy, dizziness/vertigo, intractable migraine and degenerative cervical disc disease. Treatment to date has included lumbar fusion, physical therapy, home exercise program, acupuncture, activity restrictions and oral medications including Flexeril, Diazepam, Hydrocodone/acetaminophen 10/325mg, Sumatriptan and Zolpidem. Currently, the injured worker complains of neck pain with radiation to right upper extremity rated 8/10 and low back pain rated 8/10; he also notes a decrease in strength and admits to dropping of objects on exam dated 5/16/15. On 4/28/15 he noted the neck and low back pain to be 7/10 and worsening and on 4/9/15 he noted the neck pain and low back pain to be 8/10 and worsening. He notes worsening of symptoms including numbness and dropping of objects, and notes medications provide 30-50% pain relief and continuation of functional abilities of activities of daily living. He notes pain at its worst is 10/10. The urine drug screen was consistent with medications prescribed. He is currently very disabled. Physical exam noted tenderness to palpation of cervical spine right paraspinal and left paraspinal; pain with cervical range of motion and lumbar exam noted pain with range of motion and right side lumbosacral paraspinal tenderness and decreased sensation of right C6 and 7. The treatment plan included refilling Norco, Flexeril, Ambien, Diazepam, Protonix and Sumatriptan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41, 63.

**Decision rationale:** MTUS guidelines for muscle relaxants, specifically Flexeril are for chronic pain, brief use only and for flare-ups of low back pain. It is also noted Flexeril should not be prescribed with other analgesics. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases they show no benefit beyond NSAIDS in pain and overall improvement. It is noted the injured worker has been receiving Flexeril for an ongoing period of time with no improvement in pain or function. Therefore, the prescription for Flexeril 5mg #90 is not medically necessary.

**Diazepam 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Chronic Pain Management Guidelines do not recommend Benzodiazepines for long-term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. "A more appropriate treatment for anxiety disorder is an antidepressant." The injured worker has received Diazepam for a long period of time and improvement in pain and function is not noted. Therefore, the request for Diazepam 10mg #120 is not medically necessary.

**Hydrocodone 10mg-acetaminophen 325mg tablet #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** According to MTUS guidelines long-term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and functional status. The documentation did not support improvement in pain or functioning, the injured worker states his pain is worsening as are his symptoms and the injured worker had been treated with opioids for longer than 6 months. He does not appear to be having a satisfactory response to opioid therapy. Therefore, based on the guidelines and the injured workers inadequate response to opioids, the request for Hydrocodone/Acetaminophen 10/325mg #180 is not medically necessary.

**Zolpidem 10mg tablet #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 Chapter.

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

**Decision rationale:** MTUS is silent on use of Zolpidem. ODG was cited and recommendations include short term (7-10 days) of treatment of insomnia. They are habit-forming and may impair function and memory more than opioid pain relievers. Reevaluation of the patient should be performed if they are to be taken for more than 2 to 3 weeks. The indication for this prescription reads take one every night for 30 days, which is longer than the recommended usage, in addition he has received the prescription for greater than one year and there is no documentation of improvement in sleep latency, quality or quantity, therefore the request for Zolpidem 10mg #30 is not medically necessary.