

<b>Case Number:</b>	CM15-0066193		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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:

This 64-year-old man sustained an industrial injury on 12/18/2004. Diagnoses include lumbago, brachial neuritis/radiculitis, cervicgia, and thoracic/lumbosacral neuritis/radiculitis. Treatment has included medications, physical therapy, home exercise program, lumbar epidural steroid injections, lumbar median branch blocks, use of a cane for ambulation. Evaluations include cervical spine MRIs dated 5/20/2014, 2/9/2010, and 9/2006, and lumbar spine MRIs dated 2/9/2010 and 1/13/2005. The MRI of the cervical spine on 5/20/14 showed degenerative changes, neural foraminal stenosis secondary to disc disease, and facet disease. MRI of the lumbar spine on 2/9/10 showed disc bulges, central canal narrowing, facet hypertrophy, and neural foraminal narrowing. At a visit on 9/29/14, the injured worker reported low back pain, left posterior leg pain, right anterior leg pain, neck pain and arm pain/numbness with headache. Pain was rated 9/10 in severity. The injured worker reported difficulty falling asleep without ambien, and poor sleep quality due to pain. Employment status was noted as unemployed since injury, on SSI disability. A qualified medical evaluation (QME) on 11/4/14 noted rare alcohol use and past history of alcohol abuse. Physician notes dated 3/2/2015 show continued complaints of low back, right leg, neck, and arm pain with headache. Pain was 9/10 in severity. He reported 2-3 hours of sleep at night without ambien, and 4 hours of sleep at night with ambien. Examination showed ongoing severe pain in both lumbar and cervical areas with radicular symptoms to his extremities, right greater than left neck pain with referral to shoulders, and numbness/tingling to both arms from his shoulders to his hands. Recommendations include medications home exercise program, lumbar spine MRI, and follow up in one to two months. On

3/18/15, Utilization Review (UR) non-certified requests for MRI of the cervical spine, tizanidine 4 mg #60, ambien 10 mg #30, and MRI of the lumbar spine, citing the MTUS and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI (magnetic resonance imaging) of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

**Decision rationale:** This injured worker has chronic neck pain. The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions (tumor, infection, fracture, or dislocation), physiological evidence of neurological dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. The MRI is not medically necessary based on the recommendations in the MTUS. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. The injured worker had a prior MRI of the cervical spine in May 2014 with results as noted. There was no documentation of reinjury or change in clinical status since the time of the most recent cervical spine MRI. Due to insufficient indication, the request for MRI of the cervical spine is not medically necessary.

#### **Tizanidine Cap 4mg #60, take 1-2 tabs qhs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. This

injured worker has been prescribed tizanidine for at least 5 months. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Pain severity rating was unchanged and continued to be noted to be 9/10 in severity, and the documentation indicates that the injured worker has not been working for many years, since the injury. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver tests. Due to length of use in excess of the guidelines as well as lack of functional improvement, the request for tizanidine is not medically necessary.

**MRI (magnetic resonance imaging) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

**Decision rationale:** The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. This injured worker has chronic back pain. There was no documentation of neurologic deficits or plan for surgery. No red flag diagnoses were noted. No electrodiagnostic studies were submitted. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. There was no documentation of reinjury or significant change in symptoms or findings since the most recent MRI of the lumbar spine in February 2010 with results as noted. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to insufficient indication, the request for MRI of the lumbar spine is not medically necessary.

**Ambien tab 10mg #30, 1 tab by mouth every night at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter: insomnia treatment.

**Decision rationale:** This injured worker has been prescribed ambien for at least 6 months. The physician documented that the injured worker had poor sleep quality due to pain, and difficulty falling asleep without ambien. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short term use only. The Official Disability Guidelines citation recommends short-term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Due to length of use in excess of the guidelines and insufficient evaluation of sleep disturbance, the request for ambien is not medically necessary.