

Case Number:	CM13-0022119		
Date Assigned:	11/13/2013	Date of Injury:	08/07/2007
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio, and Pennsylvania 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 physician 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.

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 underlying date of injury in this case is 08/07/2007. The treating diagnosis is chronic pain. The patient has a history of left shoulder surgery with residual pain as well as a cervical radiculopathy. On 10/14/2013, the treating physician saw the patient in reevaluation after a prior utilization review denial. The patient was noted to have neck pain radiating to the left shoulder as well as left shoulder pain. The patient reported activities of daily living limitations in the areas of "activity, sleep, and sex." The patient reported increased constipation from Norco and headache from naproxen. The patient was diagnosed with a cervical radiculopathy as well as left shoulder pain, chronic pain, medication-related dyspepsia, and a history of left shoulder surgery with residuals. The treating physician recommended Ambien as a short-acting, non-benzodiazepine hypnotic which is a first-line medication per the California Treatment Guidelines. The treating provider also noted that tizanidine is indicated as a preferred drug per California Guidelines. A prior physician review concluded that this patient was taking an antiinflammatory medication, that there was no documentation of specific muscle spasm, and that in this situation tizanidine was not supported for long-term use by the guidelines. This reviewer also noted that the guidelines do not support the use zolpidem on a long-term basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 65-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/tizanidine Page(s): 66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants, page 66, states regarding tizanidine, "Unlabeled use for low back pain...One study 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... May also provide benefit as an adjunct treatment for fibromyalgia." The prior reviewer indicated that tizanidine might only be indicated if there were spasms and may not be indicated on a chronic basis. While that recommendation may apply to other muscle relaxants, the specific recommendations in the treatment guideline for tizanidine do clearly support its use for conditions such as fibromyalgia or myofascial pain which do not cause spasm and which are chronic conditions. The treatment guidelines do support the use of tizanidine as a first-line medication. This treatment is medically necessary.

Zolpidem 10mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Treatment of Workers' Compensation/Pain

Decision rationale: This medication is not specifically discussed in the California Treatment Guidelines. Official Disability Guidelines/Treatment of Workers' Compensation/Pain states regarding insomnia treatment, "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)...Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance." The treating provider notes that zolpidem is considered a first-line medication for sleep difficulties. While this is correct, the guidelines do not support its use on an indefinite or chronic basis, and the medical records do not provide an alternate rationale for long-term or indefinite use of this medication. The medical records do not support this request. This request is not medically necessary.