

<b>Case Number:</b>	CM13-0025164		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/11/1974
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Addicton Medicine and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. 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:

Patient sustained an injury in the year 1974. Patient has been on treatment for lumbosacral spondylosis, postlaminectomy syndrome, lumbago, thoracic or lumbosacral neuritis or radiculitis. He has limited ROM of L spine, Lumbar facet tenderness, Positive SLR. The disputed medicines are 1. Ambien 2. Intermezzo 3. Zanaflex

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg PO QHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation ODG, Intergrated Treatment Disability Duration Guidelines, Stress and Mental Illness Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Aurora RN, Chowdhuri S, Ramar K, Bista SR, Casey KR, Lamm CI, Kristo DA, Mallea JM, Rowley JA, Zak RS, Tracy SL. The treatment of central sleep apnea syndromes in adults: practice parameters with an evidence-based literature review and meta-analyses. Sleep. 2012 J

**Decision rationale:** Since the injury happened in the remote past, the addition of Ambien does not add any therapeutic benefit evidence has suggested that addition of Ambien may increase the pain. Also there is no documentation of behavioral techniques that is targeted towards healthy

sleep habit. Also as per the literature (Aurora RN, 2012) it is reported that the use of zolpidem and triazolam may be considered for the treatment of primary CSAS only if the patient does not have underlying risk factors for respiratory depression. These pertinent factors are important in making decision regarding medical necessity

**Intermezzo 3.5mg PO QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Intergrated Treatment Disability Duration Guidelines, Stress and Mental Illness Chapter.

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

**Decision rationale:** Since the injury happened in the remote past, the addition of Intermezzo does not add any therapeutic benefit. Evidence has suggested that addition of Ambien may increase the pain Also there is no documentation of behavioral techniques that is targeted towards healthy sleep habit. Also as per the literature (Aurora RN, 2012) it is reported that the use of zolpidem and triazolam may be considered for the treatment of primary CSAS only if the patient does not have underlying risk factors for respiratory depression. These pertinent factors are important in making decision regarding medical necessity

**Zanaflex 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65-68. Decision based on Non-MTUS Citation Update on tizanidine for muscle spasticity and emerging indications. Expert Opin Pharmacother. 2008 Aug;9(12):2209-15. doi: 10.1517/14656566.9.12.2209 Insert Other Basis/Criteria

**Decision rationale:** Patient, as per the document, has component of myofascial pain. As per evidence in the literature (Malanga G, 2008 and Chou 2008) and MTUS 2009 Zanaflex could be used for short term for treatment of myofascial pain. As per the document, there is no mention of myofascial pain syndrome. Hence not medically necessary