

Case Number:	CM13-0036455		
Date Assigned:	12/13/2013	Date of Injury:	02/11/1999
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine and is licensed to practice in 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was injured on February 11, 1999. The patient had cellulitis that progressed to necrotizing fasciitis, resulting in chronic left foot pain from Complex regional pain syndrome (CRPS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Records indicate that Klonopin was prescribed by [REDACTED] to treat the patient's elevated anxiety level. He was previously prescribed them to help with withdrawal from narcotics in December 2012. According to the Chronic Pain Medical Treatment Guidelines Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic use of benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use

may actually increase anxiety. Therefore the request for Klonopin is not medically necessary or appropriate.

Ambien: Upheld

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

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

Decision rationale: According to the ODG recommend that treatment be based on the etiology, with the medications recommended. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are the first-line of medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Zolpidem [Ambien® (generic available), Ambien CR] and is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The records indicate that Ambien is prescribed to treat the patient's insomnia. There are no dosages or lengths of time indicated. Records indicate that the patient is taking 10mg at bedtime without any indication of the length of time to be prescribed. This medication is not indicated for indefinite use. Therefore the request for Ambien is not medically necessary or appropriate.

Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Complex Regional Pain Syndrome (CRPS) Page(s): 66;37.

Decision rationale: Tizanidine (Zanaflex®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; and has an unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. 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. It may also provide benefit as an adjunct treatment for fibromyalgia. The Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are recommended with caution as a second-line option for short-term use in managing chronic pain. However Tizanidine is not on the list of medications authorized for the treatment of CRPS. The patient has been taking Zanaflex on a long term basis without documentation of medical necessity or clinical efficacy. Therefore the request for Zanaflex is not medically necessary or appropriate.