

Case Number:	CM13-0036679		
Date Assigned:	12/13/2013	Date of Injury:	01/19/2001
Decision Date:	03/25/2014	UR Denial Date:	10/02/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with the date of injury of January 19, 2001. A utilization review determination dated October 2, 2013 recommends certification of Duragesic and Senokot, and non-certification of Ambien and a Zanaflex. A progress report dated January 11, 2013 includes subjective complaints of neck pain, right shoulder pain, and lower back pain. The note indicates that the patient is using fentanyl, Neurontin, tizanidine, Ambien, Prilosec, Soma, and Colace. Physical examination reveals a well healed surgical scar with reduced range of motion. Diagnoses include C3 through C6 anterior cervical fusion 2001, spondylosis C2-3, and right shoulder partial rotator cuff tear and tendinosis by history. The treatment plan recommends further imaging. A note dated March 11, 2013 includes current medications of Zanaflex, Ambien, and others. A note dated April 1, 2013 includes subjective complaints stating that sleep is fair and the medications are less effective. Current medications include Zanaflex, Ambien, and others. A note dated July 25, 2013 indicates the quality of sleep is fair, and identifies the patient is taking Zanaflex, Ambien, and others. A note dated September 19, 2013 identifies the subjective complaints indicating that the medications are less effective. Medications include Zanaflex, Ambien, and others.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

Zanaflex 4mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex). Page(s): 63,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity Drugs, and Antispasmodics. Page(s): 63-66.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Zanaflex specifically is FDA approved for management of spasticity and unlabeled use for low back pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.