

Case Number:	CM13-0036833		
Date Assigned:	12/13/2013	Date of Injury:	07/11/2003
Decision Date:	02/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 is a 55-year-old female who reported an injury on 7/11/03. The mechanism of injury was not provided in the medical records. Her diagnoses include status post anterior cervical discectomy and fusion at C5-6 and C6-7; hypermobility with junctional pathology and disc annular tear at C4-5; bilateral carpal tunnel syndrome; and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 120 Tizanidine 4mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: The California MTUS guidelines state that Tizanidine is FDA approved for the management of spasticity, and for unlabeled use in the treatment of low back pain. One study was noted to show significant decrease in pain associated with chronic myofascial pain syndrome; the authors recommended it as a first line option to treat myofascial pain. The patient was noted to have been taking Tizanidine twice a day as needed in order to manage her spasm,

which has been confirmed on her physical examination. As the California MTUS Guidelines state that this medication has been shown to be effective in the management of spasticity, the request is supported. Therefore, the request is certified.

The request for 30 Zolpidem 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that zolpidem is a short acting non-benzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. The treatment should be limited to 2-6 weeks. The clinical information submitted for review shows that the patient has been taking zolpidem long term, as long as 18 months. The Official Disability Guidelines do not recommend zolpidem for long-term use; therefore, the request is not supported. As such, the request is non-certified.