

<b>Case Number:</b>	CM13-0055534		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 expert 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 injured worker is a 55-year-old female who reported an injury on 07/11/2003. The mechanism of injury was not stated. The injured worker is diagnosed as status post anterior cervical discectomy and fusion, hypomobility with junctional pathology and annular disc tear, bilateral carpal tunnel syndrome and depressive disorder. The injured worker was seen by [REDACTED] on 10/23/2013. The injured worker reported 7/10 pain. Physical examination revealed muscle spasms, reduced range of motion and tenderness to palpation. Treatment recommendations included a refill of tizanidine 4 mg, Norco 10/325 mg, a compounded cream and zolpidem 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG #120:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute

exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the documentation submitted, the injured worker has utilized tizanidine 4 mg since 08/2013. Despite ongoing use, the injured worker continues to report persistent symptoms. The injured worker's physical examination continues to reveal muscle spasm and reduced range of motion with tenderness to palpation. As the guidelines do not recommend the long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.

**AMBIEN 10MG #30:** 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); Chronic Pain Chapter, Insomnia Treatment.

**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 Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, the injured worker has utilized Ambien 10 mg since at least 06/2013. Despite ongoing use, there is no evidence of functional improvement. There is also no evidence of chronic insomnia or sleep disturbance. As Guidelines do not recommend the long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.

**URINE ANALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** The California MTUS Guidelines state that drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the documentation submitted, the worker's injury was greater than 10 years ago to date, and there is no indication of noncompliance or misuse of the medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. Therefore, the request is non-certified.