

Case Number:	CM13-0062001		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2011
Decision Date:	05/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 35-year-old male who reported an injury on 11/16/11. His symptoms included pain to the head, left arm, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, left elbow, bilateral hips, left hand, bilateral knees, abdomen, bilateral low back, and bilateral ankles and feet. The frequency of pain/spasticity was noted to be worsening. The quality of pain/spasticity is cramping, throbbing, dull, stabbing, and electrical. A sleep assessment indicated it takes more than two hours for the injured worker to go to sleep; he wakes up on an average of seven times per night. His current medications include methadone HCL 10mg, two tablets every eight hours for chronic pain; Norco 10/325mg, 1-2 tablets by mouth every four to six hours as needed for pain; Sonata 5mg, 1-2 tablets by mouth at bedtime as needed for insomnia; ibuprofen 600mg, one tablet every eight hours with food; Senokot 8.6/50mg, one tablet by mouth three times a day as needed for constipation; Cymbalta 60mg, one tablet by mouth twice a day for depression; and Zanaflex 2mg, 1-2 tablets by mouth three times a day as needed for muscle spasms. The injured worker was diagnosed with lumbago and displacement of lumbar intervertebral disc without myelopathy. Past medical treatment included oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 ZANAFLEX 2MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: According to the California MTUS Guidelines, Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity; it also has an unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study 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 of treatment for fibromyalgia. The most recent clinical note submitted indicated that the injured worker was currently taking Zanaflex to reduce pain. However, the documentation failed to provide evidence of improvement in function, a decrease in musculoskeletal pain, or a decrease in muscle spasm. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request is not medically necessary.

60 SONATA 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Drugs.com/pro/zaleplon.html.

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 California MTUS/ACOEM guidelines do not address this issue, so alternate guidelines were used. The Official Disability Guidelines state that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7-10 day period may indicate a psychiatric or medical illness. The specific components of insomnia should be addressed (sleep onset, sleep maintenance, sleep quality, and next day functioning). Sonata reduces sleep latency. Short use (7 to 10 days) is indicated with a controlled trial showing effectiveness for up to five weeks. The documentation submitted for review indicated it takes more than two hours for the injured worker to go to sleep. However, the documentation failed to provide evidence the requested medication allowed the injured worker to function while maintaining adequate sleep at night. The guidelines state failure of sleep disturbance to resolve in a 7+10 day period may indicate a psychiatric and/or medical illness and it appeared the injured worker had been taking the requested medication longer than 10 days. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request is not medically necessary.