

<b>Case Number:</b>	CM13-0069456		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Anesthesiology, 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:

The patient is a 57-year-old female with an October 26, 2009 date of injury. At the time of request for authorization for Ambien 10mg, #30, and Tizanidine 4mg, # 60, there is documentation of subjective (neck, low back, and bilateral upper and lower extremity radicular pain with intermittent acute and chronic exacerbation) and objective (painful and restricted range of motion of the cervical and lumbar spine) findings. Current diagnoses include lumbar radiculitis, neck sprain, displacement of lumbar intervertebral disc, and cervicalgia. Treatment to date includes Ambien since at least November 14, 2012 and Tizanidine. There is documentation of a request for Zolpidem for the treatment of insomnia. Regarding Ambien 10mg, #30, there is no documentation of utilization limited to short-term. Regarding Tizanidine 4mg, #60, there is no documentation of acute muscle spasms; Tizanidine is used as a second line option, and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem.

**Decision rationale:** The California MTUS guidelines do not specifically address this issue. The ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, neck sprain, displacement of lumbar intervertebral disc, and cervicalgia. In addition, there is documentation of a request for Zolpidem for the treatment of insomnia. However, given documentation of Zolpidem since at least November 14, 2012, there is no documentation of utilization limited to short-term. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg, #30, is not medically necessary.

**Tizanidine 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex<sup>®</sup>, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, neck sprain, displacement of lumbar intervertebral disc, and cervicalgia. However, there is no documentation of acute muscle spasms. In addition, there is no documentation of Tizanidine used as a second line option and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg, #60, is not medically necessary.