

<b>Case Number:</b>	CM14-0017082		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 69 year-old female. The patient's date of injury is 5/3/02. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with lumbar disc disease, diabetes, hypertension, and depression. The patient's treatments have included TENS unit, trigger point injections, epidural injections, physical therapy, medications, and imaging studies (MRI). The physical exam findings showed an antalgic gait, and ambulation with cane. The lumbar spine exam showed that range of motion was restricted in all planes, with tenderness in the paraspinal muscles of the back. 5/5 muscles strength was noted. Medications include, but are not limited to, Tizanidine, Ambien, Senna, Roxicodone, Celebrex, Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG, 1 AT BED TIME, QUANTITY 30 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (PAIN CHAPTER); FDA (AMBIEN).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER AND WWW.DRUGS.COM.

**Decision rationale:** Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien 10 mg, 1 at Bed-time, Quantity 30 with One Refill: Guidelines state the following: Sedating medications are not recommended in patients who are currently taking opioids due to risk of side effects, including respiratory depression. Currently guidelines also state this medication is recommended for short term usage. According to the clinical documentation provided and current guidelines; Ambien is not indicated as a medical necessity for the patient at this time.

**TIZANIDINE 4MG, 2 AT BEDTIME AS NEEDED, QUANTITY 60 WITH 1 REFILL:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tizanidine 4mg, 2 at Bedtime as needed, Quantity 60 with 1 Refill. MTUS Guidelines state the following: Muscle relaxants are not recommended for long term usage. According to the clinical documentation provided and current guidelines; Tizanidine is not indicated as a medical necessity to the patient at this time.