

<b>Case Number:</b>	CM14-0133605		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/25/2003
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Practice, and is licensed to practice in Texas and Mississippi. 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 51-year-old female who reported an injury on 02/25/2003 due to working on her ranch. She was helped feed the cows and horses, raise the kids, doing clerical work that involved a computer and a keyboard, and quite a bit of telephone work. The injured worker had a history of cervical pain with a diagnosis of cervical degenerative disc disease, chronic intractable neck pain, chronic headaches, severe neuropathic pain, and chronic pain syndrome. The prior surgeries included a status post C5-6 anterior cervical discectomy and cervical fusion dated 02/2011. The cervical MRI dated 02/08/2013 was positive for degenerative disc disease with protrusions at the C3-4, C4-5, and C5-6. The medication included Percocet 10/325 mg, Lunesta 2 mg, and Tizanidine 4 mg. The injured worker rated her pain a 6/10 to 7/10 using the VAS. The physical examination dated 07/14/2014 of the cervical spine revealed a head forward posture; cervical range of motion was limited with flexion, extension, and side bending. Motor strength of the upper extremities is 5/5 proximal and distal and lower extremities were 5/5 proximal and distal. Reflexes of 2+ symmetrical, sensations to light touch. Tenderness on palpation to the cervical paraspinals with multiple triggers and palpable taut bands. The treatment plan included authorization for diagnostic studies, continue with her medication regimen, and follow-up in 1 month. The Request for Authorization dated 08/27/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Tizainidine 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Tizanidine 4mg #30 is not medically necessary. The California MTUS guidelines recommend Tizanidine (Zanaflex) as non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The Guidelines indicate Tizanidine is a second line muscle relaxant. The request did not address the frequency. The request is not medically necessary.

### **1 Prescription for Lunesta 2mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments, and Lunesta

**Decision rationale:** The request for 1 Prescription for Lunesta 2mg is not medically necessary. The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical notes do not indicate that the injured worker had a history or diagnosis of insomnia. The guidelines indicate short term treatment for insomnia, generally 2 to 6 weeks. The clinical notes did not indicate that the injured worker had a diagnosis of insomnia or the length of time he injured had been taking the Lunesta. The request did not indicate frequency. As such, the request is not medically necessary.