

Case Number:	CM14-0139449		
Date Assigned:	09/05/2014	Date of Injury:	10/19/2011
Decision Date:	11/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation 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 patient is a 64 years old male who was injured on 10/19/2011. The mechanism of injury is unknown. Prior medication history included Dexilant 60 mg, Ambien 10 mg, Naprosyn 500 mg, Motrin, and Ultram 50 mg. Progress report dated 08/14/2014 indicates the patient complained of low backache, right shoulder pain, and right hip pain. He reported his medications are not working well. His exam is positive for muscle spasm of the lumbar spine. He is diagnosed with radiculopathy, hip bursitis, lumbar facet syndrome, and rotator cuff dis. The patient is recommended tizanidine 4 mg for muscular pain and spasm and Ambien 10 mg to address insomnia. He has been utilizing these medications since 02/27/2014 and revealed the patient's pain level is unchanged. Prior utilization review dated 08/18/2014 states the request for Tizanidine 4mg #30; and Ambien 10mg #20 is not certified due to a lack of documented evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (For pain), Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It has a hepatotoxicity side effect which require LFT monitor baseline. In this case, there is no evidence of spasticity or associated neurological disorders. Furthermore, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of therapeutic stretching exercise to treat muscle spasm. Therefore, the request is not medically necessary according to the guidelines and available clinical information.

Ambien 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien®)

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, which has not been addressed and there is no documentation of a detailed assessment of insomnia. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Furthermore, there is no documentation of any significant improvement in sleep with prior use. Thus, the request is not medically.