

Case Number:	CM14-0166118		
Date Assigned:	10/13/2014	Date of Injury:	04/10/2001
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 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 63 year old female with a date of injury on 4/10/2001. The exact mechanism of the injury was not specified. She was diagnosed with (a) sprain, lumbar region; (b) chronic back pain; (c) bilateral carpal tunnel syndrome; (d) right lateral epicondylitis; and (e) lumbar spine degenerative disc disease. In the most recent progress notes dated 8/18/2014 the injured worker complained of lower back, bilateral upper extremity and bilateral lower extremity pain which she rated to be at 3 out of 10 on the pain scale with medications. Without the medications, the pain was at 8 out of 10 on the pain scale. She also reported that her quality of pain was poor. However, she indicated that her medications were working well to decrease her pain and allowed her to sleep. The physical examination revealed that she ambulated with an analgesic, slowed gait. On examination of the lumbar spine, tenderness with hypertonicity, spasm and tight muscle band was noted over the bilateral paravertebral muscles as well as tenderness over the sacroiliac spine and limited range of motion in all planes due to pain. Motor testing also showed limited pain. Authorization for transcutaneous electrical nerve stimulation unit trial for 30 days was re-requested. Medications were refilled. She was encouraged to perform a regular exercise, swimming and walking program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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 (ODG), Insomnia Treatment

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 Treatment

Decision rationale: According to evidence-based guidelines, Ambien controlled release is recommended and effective only up to 24 weeks in adults. In this case, the injured worker continued to complain of poor sleep quality secondary to her pain. However, it is noted that she has been utilizing Ambien controlled release in the long-term which is against the recommendations of evidence-based guidelines. Moreover, it is noted that adults who use this medication have a greater 3-fold increased risk for early death. Therefore, the medical necessity of the requested Ambien controlled release 12.5mg #20 is not established.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page 63 Page(s): 63.

Decision rationale: The request for Zanaflex 4mg, #60 is not medically necessary at this time. As per the California Medical Treatment Utilization Schedule, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking muscle relaxants for a long time already. She continued to receive prescription refills until the present without significant functional improvement. The prolonged use of Zanaflex, which is a muscle relaxant, has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, objective findings for the presence of muscle spasms were unchanged. However, this can be managed conservatively without the need for medications but there was no indication that conservative management has been tried and failed. Hence, the inclusion of Zanaflex 4mg, #60 in the injured worker's pharmacological regimen is not medically necessary.