

Case Number:	CM14-0041410		
Date Assigned:	06/27/2014	Date of Injury:	10/28/2010
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 10/28/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, psychiatric support, physical therapy and a home exercise program. The injured worker was evaluated on 02/13/2014. The injured worker's medications included Percocet 10/325 mg, Ambien 5 mg, Flexeril 10 mg, Lexapro 20 mg and Dexedrine. Physical findings included tenderness to palpation of the lumbar paraspinous musculature with decreased range of motion in all fields secondary to pain. The injured worker had symptoms of depression and anxiety related to chronic pain. The injured worker's diagnoses included postlaminectomy syndrome, status post lumbar decompression from the L2-5 and depression and anxiety. The injured worker's treatment plan included a psychiatric consultation and continued medications as well as a continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (unstated dose) 2 to 4 pills per day, QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63..

Decision rationale: The requested Tizanidine at 2 to 4 pills per day (Quantity: 120.00) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on a muscle relaxant since at least 12/2013. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. Muscle relaxants should be limited to a short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. There is no documentation that the injured worker is suffering from an acute exacerbation of chronic low back pain. Furthermore, the request as it is submitted does not clearly identify a dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tizanidine at 2 to 4 pills per day (Quantity: 120.00) is not medically necessary or appropriate.

Ambien 5mg one q HS QTY: 30.00: 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), Pain Chapter, 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 Chapter, Insomnia Treatment.

Decision rationale: The requested Ambien 5 mg 1 every night (Quantity: 30.00) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 12/2013. The Official Disability Guidelines recommend short durations of treatment with this medication. As the injured worker has already been on this medication for an extended duration of treatment, continued use would not be supported. Furthermore, the clinical documentation does not provide an adequate assessment of the injured worker's sleep hygiene to support the need for pharmacological interventions. As such, the requested Ambien 5 mg 1 every night (Quantity: 30.00) is not medically necessary or appropriate.