

<b>Case Number:</b>	CM14-0044133		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, leg pain, depression, and psychosis reportedly associated with an industrial injury of July 26, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; Synvisc injection; unspecified amounts of physical therapy and aquatic therapy; and sleep aid. In a Utilization Review Report dated March 21, 2014, the claims administrator denied request for tizanidine and Ambien. The applicant's attorney subsequently appealed. An April 9, 2014 appeal letter was notable for comments that the applicant had persistent complaints of knee pain and left lower extremity pain apparently associated with advanced arthritis about the bilateral knees. The applicant was status post knee arthroscopy, it was stated. The applicant was using Zanaflex for muscle spasms and Ambien for sleep derangement, it was stated. It was stated that the applicant had lumbar muscle spasms for which Zanaflex is being employed. Ambien was endorsed for sleep purposes. There was no discussion of medication efficacy, however. In a January 2, 2014 progress note, it was stated that the applicant had persistent complaints of bilateral knee pain. Aquatic therapy was sought. Permanent work restrictions were renewed. The applicant was using tramadol and Zanaflex, it was stated. An earlier note of October 8, 2013 again was notable for comments that the applicant had complaints of bilateral knee pain. Multiple progress notes throughout the file were reviewed. The majority of these progress notes did primarily focussed on issues associated with the bilateral knees. There was comparatively little or no mention made of issues related to low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE (ZANAFLEX) 4MG #90 30 DAY SUPPLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMOTIC DRUGS.

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

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine, an antispasmodic, is FDA approved in the management of spasticity and can be employed off label for low back pain, in this case, the applicant's low back pain appears to be an ancillary complaint. The applicant's low back issues have not been documented on several recent progress notes provided. The bulk of the progress note on file suggests that the applicant's issues are confined to the bilateral knees and are associated with knee arthritis. It is further noted that ongoing usage of Zanaflex has failed to generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant has failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant is using a variety of other agents, including Ultracet, Motrin, Cymbalta, etc., despite ongoing usage of tizanidine. It does not appear, thus, that ongoing usage of tizanidine has generated any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

**ZOLPIDEM(AMBIEN) 5MG #30 30 DAY SUPPLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INSOMNIA TREATMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Drug label.

**Decision rationale:** While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that attending providers using drugs for non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same and should, furthermore, provide some compelling medical evidence to support such usage. In this case, however, no evidence has been provided to support usage of Ambien, a sleep aid, for chronic, long-term, and/or scheduled use purpose for which it is being proposed here. The Food and Drug Administration (FDA), conversely, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. No compelling case was made for a variance from the FDA label. Therefore, the request is not medically necessary.

