

Case Number:	CM14-0085929		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2008
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for chronic lumbosacral sprain, cervical myospasm, and insomnia, status post cervical spine fusion; associated with an industrial injury date of 10/13/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck and back pain. Physical examination showed tenderness over the bilateral cervical paraspinal muscles, suboccipital muscles and bilateral sacroiliac joints. Significant myospasm of the left upper trapezius was noted. Range of motion of the cervical and lumbar spine was decreased. Hyperreflexia was noted in the bilateral knees. Motor testing showed weakness of the ankle dorsiflexion and knee extension bilaterally. Hypesthesia was noted over the lateral aspect of the right forearm and hand in an ulnar distribution, and hypoesthesia was noted over the posterolateral aspect of the right leg into the foot. Treatment to date has included medications, aquatic therapy, chiropractic therapy, physical therapy, lumbar facet injections, epidural injection, cervical fusion (04/2012), carpal tunnel release (01/2011), and knee arthroscopy (05/2009). Utilization review, dated 05/28/2014, modified the requests for tizanidine and zolpidem to facilitate weaning, as muscle relaxants and hypnotics are not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, qty 60: 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 relaxants, Tizanidine Page(s): 63, 66.

Decision rationale: Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond NSAIDs in pain and overall improvement. Page 66 states that tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been prescribed tizanidine and cyclobenzaprine since at least November 2013. On physical examination, significant myospasm was noted in the left upper trapezius. However, guidelines do not recommend long term use of muscle relaxants. The medical necessity has been established. Therefore, the request for TIZANIDINE 4MG, QTY 60 is not medically necessary.

Zolpidem10mg, qty 30: 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 Chapter

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

Decision rationale: The CA MTUS does not address zolpidem. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. In this case, the patient has been taking zolpidem since at least November 2013, which is clearly beyond the recommended duration of use. In addition, medical records submitted for review show no objective evidence of improvement in the quality and duration of sleep. Therefore, the request for ZOLPIDEM 10MG, QTY 30 is not medically necessary.