

<b>Case Number:</b>	CM14-0195226		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/16/1995
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 52-year-old female who sustained an industrial injury on 03/16/1995. She reported neck pain, spasm, and pain in the hands. The injured worker was diagnosed as having right carpal tunnel syndrome, cervical post laminotomy pain syndrome, transformed migraine, weight gain, and reactive depression and anxiety. Treatment to date has included medication management of Norco and Tizanidine at night for pain and spasms, Ambien for sleeping difficulty, and Lyrica for neuropathic pain. Currently, the injured worker complains of painful and limited cervical range of motion, and depression. The treatment plan includes medication refills. A prior request was made for psychological consultation for the worker's complaint of anxiety and depression. A request for authorization was made for Inderal 20MG #60, Elavil 25MG #30, Tizanidine 4MG #60, Ambien 10MG #30, and Norco #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** In general, MTUS Guidelines do not recommend the long-term use of muscle relaxants, however the Guidelines point out the Tizanidine is unique in that it is not primarily a sedating drug and has very good data to support use in chronic pain. The treating physician documents a very low level of use, which benefits her quality of life and ability to rest. Under these unique circumstances, the Tizanidine is consistent with Guidelines and is medically necessary.

**Ambien 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain-Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and up-to-date versions support the use of some long-term hypnotics due to insomnia from chronic pain. However, Ambien is not one of the medications recommended for long-term nightly use. Recommended regular use is limited to a few weeks. There are no unusual circumstances to justify an exception to Guidelines and there are alternative medications that are Guideline supported. The Ambien 10mg #30 is not supported by Guidelines and is not medically necessary.

**Norco #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional support and no aberrant drug related behaviors. This individual utilizes opioids very sparingly at 2 Hydrocodone per day on a long term basis. The Hydrocodone is reported to improve her quality of life with improved sleep. Other functional measures are not detailed, but due to minimal use, the standard of documentation does not need to be the same as if she was utilizing high dose opioids around the clock. There are no hints of aberrant drug related behaviors. Under these circumstances, the Hydrocodone (Norco) #60 is consistent with Guidelines and is medically necessary.