

Case Number:	CM14-0196702		
Date Assigned:	12/04/2014	Date of Injury:	01/07/2011
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2011. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve request for tizanidine and Lunesta while approving a request for Motrin. The claims administrator cited progress notes of October 28, 2014 and August 28, 2014, in its denial. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 15, 2012, the applicant reported ongoing complaints of low back pain, 8 to 9/10. The applicant stated that he was not currently using any medications. The applicant reported highly variable pain ranging from 3 to 8/10. Permanent work restrictions were endorsed. The applicant was not working, it was acknowledged as of this point in time. On October 20, 2014, the applicant reported persistent complaints of low back, leg, and shoulder pain. The applicant stated that the combination of tizanidine and Motrin were somewhat helpful. This was not quantified, however. The applicant was not working, it was reiterated. The attending provider stated that the applicant was taking care of his children, however. Ongoing complaints of knee, low back pain, and myofascial pain syndrome were appreciated. The applicant was given refills of Motrin, tizanidine, and Lunesta. Permanent work restrictions were renewed. The applicant was asked to follow up with a spine surgeon. On August 28, 2014, the applicant again reported persistent complains of low back pain. The applicant appeared uncomfortable. Motrin and tizanidine were endorsed, along with permanent work restrictions. A spine surgery consultation was also endorsed. On June 25, 2013, the applicant was reporting ongoing complaints of low back and left leg pain. The applicant stated that he was still having derivative complaints of insomnia, despite usage of Ambien. Lunesta samples were therefore introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine; Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7. Decision based on Non-MTUS Citation 9792.20f

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity, but can be employed off label for low back pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of tizanidine. The applicant was still described as uncomfortable on several occasions, referenced above. While the attending provider stated that tizanidine was beneficial, this was neither elaborated nor expounded upon. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. The attending provider comments to the effect that the applicant's medications allowed him to walk every day; however, the applicant had failed to return to work and the attending provider did not quantify decrements in pain achieved as a result of ongoing tizanidine usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

Lunesta 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Eszopiclone (Lunesta) topic

Decision rationale: The MTUS does not address the topic. While ODG's Mental Illness and Stress Chapter does note that Lunesta is recommended for short-term use purposes, in this case, however, the applicant appears to have been using Lunesta for a minimum of several months. The applicant was given Lunesta as early as a progress note of June 25, 2013, referenced above, and was also using Lunesta as of an office visit of October 28, 2014, also referenced above. Such long-term usage is incompatible with the ODG's position on the same. Therefore, the request is not medically necessary.

