

<b>Case Number:</b>	CM14-0206017		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 58 year old female with an injury date of 09/10/02. Based on the 12/17/14 progress report provided by treating physician, the patient complains of neck pain which radiates to the left upper extremities and back pain rated at 5/10 with, and 8/10 without medication. Physical examination to the neck revealed no scar or scoliosis and tenderness to palpation to the cervical paraspinals and trapezius muscles with trigger points. Range of motion was decreased for cervical flexion, extension, rotation and side bending. Examination to the back shows intact surgical scar with no evidence of scoliosis and tenderness to palpation to lower back. Range of motion was decreased in flexion, extension, lateral flexion and rotation. Patient has had injections in the past per provider's report 06/10/14 and 11/05/29. Current medications include Norco, Tizanidine, Ambien CR, Naproxyn, Amitriptyline and Lunesta. Per providers report 11/19/14 cervical MRI showed mild multilevel degenerative disc disease and mild right C5-6 and bilateral C6-7 foraminal stenosis. Patient is out of work per provider's report 12/17/14. Diagnosis 12/17/14 Chronic Intractable Low Back Pain; S/P L5-S1 posterior fusion in 2009 with residual left Lumbar Radiculopathy and left foot drop; Chronic Intractable Neck Pain with acquired left neck dystonia; Left Cervical Radiculopathy with weak hand grip; Depression and Cervicogenic Migraines/Chronic Daily Headaches The utilization review determination being challenged is dated 12/02/14. The rationale follows: 1) Tizanidine: "Muscle relaxants are supported for only short-term treatment, and given date of injury in 2002, chronic use would not be supported by guidelines." 2) Ambien: "Considering the date of injury, use would not fall within the recommended 2-6 week duration for use" Treatment reports were provided from 02/10/14 to 12/17/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tizanidine 4 MG 1 Tab TID x 30 Days #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Medication for chronic pain Page(s): 66 and 60.

**Decision rationale:** The patient presents with neck pain which radiates to the left upper extremities and back pain rated at 5/10 with, and 8/10 without medication. The request is for Tizanidine 4MG 1TAB TID X 30DAYS #90. Patient's diagnosis on 12/17/14 include chronic Intractable low back pain, S/P L5-S1 posterior fusion in 2009 with residual left lumbar radiculopathy and left foot drop, chronic Intractable neck pain with acquired left neck dystonia, left cervical radiculopathy with weak hand grip, depression and cervicogenic migraines/chronic daily headaches. Patient has had injections in the past per provider's report 11/05/13 and 06/10/14. Current medications include Norco, Tizanidine, Ambien CR, Naproxyn, Amitriptyline and Lunesta. Per providers report 11/19/14 cervical MRI showed mild multilevel degenerative disc disease and mild right C5-6 and bilateral C6-7 foraminal stenosis. Patient is out of work per provider's report 12/17/14. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66:" Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 12/02/14 states "Muscle relaxants are supported for only short-term treatment, and given date of injury in 2002, chronic use would not be supported by guidelines." However, per progress report 12/17/14, provider states Tizanidine gives reasonable pain relief. There is a reduction of pain from 8/10 to 5/10 which allows patient to perform the ADLs. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Therefore, given the patient's chronic pain and documented some improvement with Tizanidine, the request is medically appropriate.

### **Ambien CR 12.5 MG 1 Tab Ever Hour for 30 Days #30 with 1 Refill:** 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)

**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 patient presents with neck pain which radiates to the left upper extremities and back pain rated at 5/10 with, and 8/10 without medication. The request is for Ambien CR 12.5mg 1tab ever hour for 30days #30 with 1refill. Patient's diagnosis on 12/17/14 include chronic Intractable low back pain, S/P L5-S1 posterior fusion in 2009 with residual left lumbar radiculopathy and left foot drop, chronic Intractable neck pain with acquired left neck dystonia, left cervical radiculopathy with weak hand grip, depression and cervicogenic migraines/chronic daily headaches. Patient has had injections in the past per provider's report 11/05/13 and 06/10/14. Current medications include Norco, Tizanidine, Ambien CR, Naproxyn, Amitriptyline and Lunesta. Per providers report 11/19/14 cervical MRI showed mild multilevel degenerative disc disease and mild right C5-6 and bilateral C6-7 foraminal stenosis. Patient is out of work per provider's report 12/17/14. ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment for Ambien states: "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." Per progress report 02/10/14 patient continues to take Ambien CR for Insomnia. ODG recommends Ambien CR for only short-term use, due to negative side effect profile. Ambien CR was prescribed for more than 10 months from the UR date of 12/02/14. Furthermore, the request for a quantity 30 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.