MAXIMUS Federal Services

Case Number:	CM15-0006979		
Date Assigned:	01/26/2015	Date of Injury:	09/09/2005
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: Georgia, California, Texas
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 is a 52 year old female, who sustained a work/ industrial injury on 9/9/05. Mechanism of injury was not available. She has reported symptoms of neck, upper back, right shoulder, right upper arm, and right hand pain. There is tenderness at the medial epicondyle. Magnetic resonance imaging (MRI) of April 2009 note bulging disc at C5-C6. Electrodynamic studies noted ulnar neuropathy, Nerve conduction studies in August 2009 moderate ulnar neuropathy with update in 12/16/13 showing severe right ulnar neuropathy across the elbow, moderate right carpal tunnel syndrome. Surgeries included right shoulder surgery in 2007, right cubital tunnel repair in October 2012. An orthopedic consult was requested 12/16/14 to evaluate the right elbow and wrist as well as physical therapy (6) sessions. On 1/7/15Utilization Review non-certified Ambien 5 mg #30 and Zanaflex 4 mg #120, noting the Official Disability Guidelines (ODG) and Medical treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg tablets, thirty count, provided on December 16, 2014: 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 ODG Pain Chapter, Zolpidem (AmbienÂ®); Insomnia treatment

Decision rationale: Per office notes, the injured worker has been taking Ambien (zolpidem) for several years for insomnia, with positive response. However, there is no detailed description of previous or current sleep pattern, or specific information concerning response to Ambien. ODG recommends zolpidem for short-term (7-10 days) treatment of insomnia and does not support chronic use of this drug. ODG recommends treatment of insomnia based upon etiology. No evaluation of claimant's sleep complaints is documented. Nonpharmacological treatments such as sleep hygiene measures are not documented. Based upon insufficient documented evaluation of claimant's sleep complaints, insufficient documented detail concerning response to zolpidem, and lack of a long-term indication for this drug, medical necessity is not established for the requested zolpidem.

Zanaflex 4 mg, 120 count, provided on December 16, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain): ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 63 and 66 of 127.

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not support the chronic and continuous use of tizanidine (Zanaflex) for this condition. Medical necessity is not established for the requested Zanaflex per MTUS recommendations.