

<b>Case Number:</b>	CM15-0009614		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: 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 65 year old female injured worker suffered and industrial injury on 7/2/2010. The diagnoses were chronic pain syndrome, degeneration of the lumbar intervertebral disc, opioid dependence, lumbosacral spondylosis without myelopathy and depression. The diagnostic studies were x-rays. The treatments were medications, home exercise program, physical and aquatic therapy, use of walker, cane, wheelchair and knee braces, bilateral total knee replacements, epidural steroid injections. The treating provider reported arthralgia of both knees, ankles, hands, shoulder, back with the pain level of 9/10. The Utilization Review Determination on 1/12/2015 non-certified: 1. Tizanidine 2mg #60 with 1 refill, citing MTUS Chronic Pain Treatment Guidelines, muscle relaxants. 2. Zolpidem 10mg #30 with 1 refill, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66..

**Decision rationale:** In General, MTUS Guidelines do not support the long term regular use of muscle relaxants. Per Guidelines, Tizanidine can be a reasonable exception to this if there was significant benefits associated with its use. No benefits are reported i.e. pain levels remain at 9/10 and there is reported to be widespread general muscle weakness without spasm. Under these circumstances, the Tizanidine is not supported by Guidelines and is not medically necessary.

**Zolpidem 10mg #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 ODG Pain, Zolpidem (Ambien)

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and under certain circumstances the updated Guidelines allow for long term use of medications for secondary insomnia. This individual has long term secondary insomnia due to chronic pain. However, Zolpidem is not one of the sleep medications that is recommended for long term use. The Guidelines specifically state that Zolpidem is recommended for short term use only. In addition, without documented justification, the dosing exceeds what is current recommended based on age and gender. Under these circumstances, the Zolpidem 10mg. #30 with 1 refill is not supported by Guidelines and is not medically necessary.