

Case Number:	CM15-0165580		
Date Assigned:	09/03/2015	Date of Injury:	09/04/1997
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, bilateral shoulder, and upper back pain reportedly associated with an industrial injury of September 4, 1997. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve requests for Tramadol, tizanidine, and Ambien. The claims administrator referenced a June 24, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an order form dated August 10, 2015, naproxen, Zanaflex, Tramadol, and Ambien were endorsed. In an associated progress note of the same date, August 10, 2015, the claimant was placed off of work. Acupuncture, shoulder MR arthrogram, Tramadol, naproxen, Zanaflex, and Ambien were all prescribed while the claimant was seemingly kept off of work. The claimant had undergone earlier shoulder surgery and had received a shoulder corticosteroid injection, it was reported. In an earlier note dated June 24, 2015, the claimant reported 8-9/10 wrist, neck, shoulder, and upper back pain. The claimant was on Ambien, Soma, Tramadol, Pravachol, and naproxen, it was acknowledged. The claimant was not working, it was reported. Multiple medications were renewed. Additional physical therapy was sought. The claimant was asked to a replacement physician because her treating provider was apparently leaving the practice. The attending provider stated that the claimant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60, 1 tablet by mouth 2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: No, the request for tizanidine (Zanaflex), an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. 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 for unemployed for unlabeled use for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the claimant reported pain complaints as high as 8-9/10, despite ongoing tizanidine usage; it was acknowledged on the June 24, 2015 progress note at issue. The claimant was not working, it was acknowledged both on that date and on a subsequent note dated August 10, 2015. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol 50 mg Qty 90, 1-2 tablets every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant remained off of work, it was reported on both June 24, 2015 and August 10, 2015. Pain complaints of 8-9/10 were reported on June 24, 2015. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected because of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Zolpidem 10 mg Qty 30, 1 tablet by mouth every night as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Finally, the request for Ambien (zolpidem), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness and Stress Chapter Zolpidem topic likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the 30-tablet refill supply of zolpidem (Ambien) at issue, in effect, represented treatment, which ran counter to the FDA label and the ODG position on the same. Therefore, the request was not medically necessary.