

Case Number:	CM15-0191530		
Date Assigned:	10/05/2015	Date of Injury:	09/17/2008
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 42-year-old female who reported an industrial injury on 9-17-2008. Her diagnoses, and or impressions, were noted to include: left shoulder bursitis; lumbar strain; and status post cervical disc fusion, right shoulder "ASD", and right carpal tunnel release. No imaging studies were noted. Her treatments were noted to include: an amended agreed medical re-evaluation on 6-2014; an agreed medical evaluation supplemental report on 4-6-2015; an impairment rating on 5-1-14 (43% whole person impairment); medication management; and rest from work with a note to advise if modified work was available. The progress notes of 7-24-2015 reported left shoulder and low back pain. The objective findings were noted to include tender left subacromial space with positive impingement, and tender lower back with positive straight leg raise. The physician's requests for treatment were noted the renewal of Zanaflex 4 mg twice a day, #60, and Sonata 5 mg at bedtime, #30. Progress notes as far back as 1-9-2015 note for the renewal of Zanaflex 4 mg twice a day, #60, and Sonata 5 mg at bedtime, #30. The Request for Authorization, dated 7-24-2015, was noted to include: Zanaflex 4 mg twice a day, #60, and Sonata 5 mg at bedtime, #30. The Utilization Review of 8-31-2015 non-certified the request for Zanaflex 4 mg twice daily, #60, and Sonata 5 mg at bedtime, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG #60 (Prescribed 7/24/15): 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zanaflex.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #60 prescribed July 24, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post cervical disc fusion; status post right shoulder ASD/left shoulder bursitis; and status post carpal tunnel release/lumbar strain. Date of injury is September 17, 2008. Request authorization is August 17, 2015 referencing date of service July 24, 2015. According to an April 20, 2015 progress note, the treating provider prescribed Zanaflex and Sonata at the time. In a progress note dated February 15, 2015, there were no medications listed. The start date is not specified for these medications. According to a July 24, 2015 progress note, subjective complaints include left shoulder and low back pain. There is no discussion of insomnia. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, the treating provider continued Zanaflex, at a minimum, in excess of three months. The exact duration is not specified. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued in excess of the recommended guidelines for short-term (less than two weeks), Zanaflex 4 mg #60 prescribed July 24, 2015 is not medically necessary.

Sonata 5 MG #30 (Prescribed 7/24/15): Upheld

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

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 section.

Decision rationale: Pursuant to the Official Disability Guidelines, Sonata (Zalepion) 5 mg #30 prescribed July 24, 2015 is not medically necessary. The drug levitates and reduces sleep latency. Because of its short half-life (one hour) the drug may be readministered upon nocturnal awakening provided, it is administered for hours before wake time. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to five weeks. In this case, the injured worker's working diagnoses are status post cervical disc fusion; status post right shoulder

ASD/left shoulder bursitis; and status post carpal tunnel release/lumbar strain. Date of injury is September 17, 2008. Request authorization is August 17, 2015 referencing date of service July 24, 2015. According to an April 20, 2015 progress note, the treating provider prescribed Zanaflex and Sonata at the time. In a progress note dated February 15, 2015, there were no medications listed. The start date is not specified for these medications. The guidelines recommend short-term (7 to 10 days) use for Sonata. Chronic use of sedative hypnotics is not supported by the guidelines. Additionally, there is poor documentation of insomnia and sleep related difficulties. According to a July 24, 2015 progress note, subjective complaints include left shoulder and low back pain. There is no discussion of insomnia. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective symptoms that include insomnia or sleep difficulties, documentation indicating Sonata was continued well in excess of the recommended guidelines and no documentation demonstrating objective functional improvement, Sonata (Zalepion) 5 mg #30 prescribed July 24, 2015 is not medically necessary.