

Case Number:	CM15-0198853		
Date Assigned:	10/14/2015	Date of Injury:	12/01/2010
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 12-1-10. The injured worker was diagnosed as having shoulder internal derangement; chronic cervical spine pain; cervical migraine-like headaches; intra-articular shoulder injury status post two surgeries; displacement cervical intervertebral disc without myelopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker presents on this day for shoulder pain left. He reports experiencing aching, deformity, swelling, tenderness and throbbing. The provider documents "Condition is in the left shoulder. Patient indicates activity worsens condition, bending worsens condition, lifting worsens condition and sitting worsens condition. Severity of condition is a 8 on a scale of 1-10 with 10 being worst. Pain is described as aching, burning, increasing, sharp, tender, throbbing, worsening, and pinching, weakness, pressure and stabbing." The provider continues documentation noting "He also presents for cervical pain. Patient is experiencing numbness and tingling in right and left arm, radicular pain in right and left arm and weakness in right and left arm. Patient indicates turning neck to the left worsens condition; turning neck to the right worsens condition and shoots down left side. Severity of condition is a 7 and 8 on a scale of 1-10 with 10 being the worst. Pain is described as aching, burning, pounding, radiating, sharp, shooting, and stabbing." The injured worker reports "substantial benefit of the medications and he has nociceptive, neuropathic and inflammatory pain". The provider also notes "he has no signs of illicit drug abuse, diversion, and habituation and is on the lowest effective dosing, with about 50% improvement of pain". The provider reviews a cervical MRI from 2015 (no report or

exact date) "shows a central disc herniation at C5-6 with some ventral cord deformation but no evidence of cord edema or myelomalacia. He also has a broad-based central and very slightly left paracentral protrusion at C6-7 with possibly some mild foraminal narrowing." Submitted medical records confirm the injured worker has been prescribed these medications since a least February 2015. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-11-15 and non-certification for Zanaflex 2 MG #60 and Ambien 5 MG #30. A request for authorization has been received for Zanaflex 2 MG #60 and Ambien 5 MG #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Zanaflex. This request is not medically necessary and the original UR decision is upheld.

Ambien 5 MG #30: 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, Insomnia treatment.

Decision rationale: The CA MTUS is silent on the use of Ambien. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Ambien is not FDA approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Ambien and it has been used for more than 35 days. Therefore, there is no documentation of the medical necessity of treatment with Ambien and the UR denial is upheld; the request is not medically necessary.

