

<b>Case Number:</b>	CM15-0209531		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Emergency 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 is a 43 year old female with a date of injury on 5-31-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-8-15 reports continued complaints of neck pain that radiates down the bilateral upper extremities with numbness frequently in the bilateral upper extremities to the hands. She has muscle spasm in the neck area and the pain is aggravated by activity. She has complaints of lower back pain that radiated down the bilateral extremities, left greater than the right with numbness frequently in the left lower extremity to the toes. She also has complaints of ongoing frontal occipital headaches and insomnia associated with ongoing pain worsening. The pain is rated 3 out of 10 on average with medications and 4 out of 10 without medications. She reports activities of daily living are limited due to pain. Objective finding: neck is tender to palpation and range of motion is slightly to moderately limited, the pain was increased with flexion, extension and rotation, lumbar spine reveals tenderness to palpation, range of motion was moderately limited secondary to pain, left knee is tender to palpation and range of motion is painful. Request for authorization was made for Tizanidine 4 mg quantity 60 and Lunesta 3 mg quantity 30. Utilization review dated 9-30-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tizanidine 4mg #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 requested Tizanidine 4mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain that radiates down the bilateral upper extremities with numbness frequently in the bilateral upper extremities to the hands. She has muscle spasm in the neck area and the pain is aggravated by activity. She has complaints of lower back pain that radiated down the bilateral extremities, left greater than the right with numbness frequently in the left lower extremity to the toes. She also has complaints of ongoing frontal occipital headaches and insomnia associated with ongoing pain worsening. The pain is rated 3 out of 10 on average with medications and 4 out of 10 without medications. She reports activities of daily living are limited due to pain. Objective finding: neck is tender to palpation and range of motion is slightly to moderately limited, the pain was increased with flexion, extension and rotation, lumbar spine reveals tenderness to palpation, range of motion was moderately limited secondary to pain, left knee is tender to palpation and range of motion is painful. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg #60 is not medically necessary.

### **Lunesta 3mg #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, Sleep Aid.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta), Insomnia treatment.

**Decision rationale:** The requested Lunesta 3mg #30 is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has neck pain that radiates down the bilateral upper extremities with numbness frequently in the bilateral upper extremities to the hands. She has muscle spasm in the neck area and the pain is aggravated by activity. She has complaints of lower back pain that radiated down the bilateral extremities, left greater than the right with numbness frequently in the left lower extremity to the toes. She also has complaints of ongoing frontal occipital headaches and insomnia associated with

ongoing pain worsening. The pain is rated 3 out of 10 on average with medications and 4 out of 10 without medications. She reports activities of daily living are limited due to pain. Objective finding: neck is tender to palpation and range of motion is slightly to moderately limited, the pain was increased with flexion, extension and rotation, lumbar spine reveals tenderness to palpation, range of motion was moderately limited secondary to pain, left knee is tender to palpation and range of motion is painful. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3mg #30 is not medically necessary.