

Case Number:	CM15-0020400		
Date Assigned:	02/10/2015	Date of Injury:	04/22/2004
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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:

The 56 year old female injured worker suffered and industrial injury on 4/22/2004. The diagnoses were low back pain, lumbar degenerative disc disease and chronic pain syndrome. The treatments were medications and injections. The treating provider reported neck, lower left hamstring, bilateral calf, bilateral foot and bilateral inner thigh pain rated as 6 to 7/10. The pain was described as sharp, shooting and cramping. On exam the neck range of motion was restricted, and right foot range of motion restricted. The injured worker reports difficult with getting enough sleep. The Utilization Review Determination on 1/16/2015 non-certified: 1. 60 Tabs of Tizanidine 4 MG, citing MTUS. 2. 20 Tabs of Ambien 10 MG, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs of Tizanidine 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Tizanidine (Zanaflex). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine (Zanaflex) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.

20 Tabs of Ambien 10 MG: Overturned

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

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 & Stress, Ambien (Zolpidem)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Ambien (Zolpidem). Official Disability Guidelines (ODG) indicates that Ambien (Zolpidem) is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. The primary treating physician's progress report dated 1/5/15 documented sleep complaints and a prescription for Ambien 10 mg #20. Official Disability Guidelines (ODG) supports the short-term use of Ambien (Zolpidem) for the treatment of insomnia. Therefore, the request for Ambien 10 mg #20 is medically necessary.