

Case Number:	CM15-0219515		
Date Assigned:	11/12/2015	Date of Injury:	05/22/2007
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 5-22-07. The injured worker was diagnosed as having cervical radiculopathy, myofascial pain and pain in joint involving shoulder region. Subjective findings (6-22-15, 8-14-15) indicated lower back, neck and shoulder pain. The injured worker rated her pain 3 out of 10, which is down from 7 out of 10. She reported that Lunesta helps her sleep. Objective findings (6-22-15, 8-14-15) revealed tenderness to palpation in the cervical paraspinal musculature, full range of motion in the shoulders with pain on external rotation and decreased hand grasp on the right compared to the left. Current medications include Omeprazole, Lunesta (since at least 6-22-15), Tramadol (since at least 6-22-15) and Tizanidine (since at least 6-22-15). Treatment to date has included physical therapy, a cervical epidural injection on 7-8-14 and Gabapentin. The Utilization Review dated 10-15-15, modified the request for Tizanidine 2mg #30 x 1 refill, Lunesta 2mg #30 x 1 refill and Tramadol 50mg #30 x 1 refill to Tizanidine 2mg #15 for weaning, Lunesta 2mg #15 for weaning and Tramadol 50mg #15 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg X 30 With 1 Refill, 1 QHS: 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 rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. Patient has been on this medication chronically. The way this medication is being prescribed is not appropriate. It is being taken before sleep, which is not consistent with claims of being used for muscle spasms during activity. Tizanidine is not medically necessary.

Lunesta 2mg X 30 With 1 Refill, 1 QHS: 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) Pain: Insomnia Treatment.

Decision rationale: There are no specific sections in the MTUS Chronic Pain or ACOEM Guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommends a short course of treatment. There are no documented improvement or conservative measures attempted. Chronic use of Lunesta/eszopiclone is not recommended. Lunesta is not medically necessary.

Tramadol 50mg X 30 With 1 Refill 1 Po Qd-Bid Prn Pain: 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, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Tramadol/Tramadol is a Mu-agonist, an opioid-like medication. As per MTUS Chronic Pain Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to have been started on Tramadol for at least 4 months. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. There are only vague claims of subjective improvement. Documentation fails MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.