

<b>Case Number:</b>	CM15-0219551		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 12-01-10. A review of the medical records reveals the injured worker is undergoing treatment for chronic cervical spine pain, cervicogenic migraine like headaches, intra articular shoulder injury, cervical spine retrolisthesis, left shoulder partita tear at the infraspinatus and muscular tendinosis junction, and multilevel cervical disc bulging. Medical records (09-03-15) reveal the injured worker complains of left shoulder and cervical pain, rated at 7-8/10. He reports 50% improvement in pain with medications. The physical exam (09-03-15) reveals left shoulder range of motion is decreased with pain. C6-C7 dermatomes demonstrate decreased light touch sensation on the left. Painful palpation is noted over the C2-C6 facet capsules on the left, secondary myofascial pain with triggering ad ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears on the left. Prior treatment includes 2 shoulder surgeries, and medications including Cymbalta, Fentanyl patches, gabapentin, and Zanaflex. The original utilization review (10-09-15) modified the request for Zanaflex 2mg #60 with 3 refills to #13, and the request for Ambien 5mg #30 with 3 refills to #7. The documentation supports that the injured worker has been on Zanaflex since at least 02-17-15. The treating provider reports that the he is "on the lowest effective dosing, he is well below the MED anticipated for his injury, and he has attempted to wean in the medications with increased pain, suffering, and decreased functional capacity." There is no documentation that the injured worker has been on Ambien, that this medication was ordered for the injured worker, and this medication is not discussed in the treating provider

notes from 09-03-15. It is listed on the request for authorization dated 09-03-15. There is no documentation that the injured worker is having difficulty sleeping.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 2mg, 1 tablet by mouth 2 times a day, #60 with 3 refills:** Overturned

**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 patient presents on 10/01/15 with left shoulder pain rated 7-8/10, and cervical spine pain rated 7-8/10. The patient's date of injury is 12/01/10. The request is for ZANAFLEX 2MG, 1 TABLET BY MOUTH 2 TIMES A DAY, #60 WITH 3 REFILLS. The RFA is dated 10/02/15. Physical examination dated 10/01/15 reveals tenderness to palpation of the cervical spine with spasms noted on the left, moderately decreased cervical range of motion, and hyporeflexic triceps and biceps deep tendon reflexes on the left. The patient is currently prescribed Ambien, Cymbalta, Duragesic, Neurontin, Vicodin, and Zanaflex. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study -conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS pg 60 also states, "A record of pain and function with the medication should be recorded, when medications are used for chronic pain." In regard to the continuation of Zanaflex, the request is appropriate. This patient has been taking this medication since at least 02/17/15. Addressing efficacy, progress note dated 10/01/15 notes a reduction in pain from 10/10 at worst to 7-8/10 attributed to this patient's medications, though does not specifically address which medication relieves which symptoms. The MTUS guidelines support long-term use of Tizanidine for the treatment of myofascial pain. Given the patient's presentation, continued myofascial pain/spasms, and documentation of medication efficacy, the continuation of Zanaflex is substantiated. The request IS medically necessary.

**Ambien 5mg, 1 tablet by mouth every night, #30 with 3 refills:** 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-TWC), Chapter: Pain (Chronic) - Zolpidem (Ambien ).

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

**Decision rationale:** The patient presents on 10/01/15 with left shoulder pain rated 7-8/10, and cervical spine pain rated 7-8/10. The patient's date of injury is 12/01/10. The request is for AMBIEN 5MG, 1 TABLET BY MOUTH EVERY NIGHT, #30 WITH 3 REFILLS. The RFA is dated 10/02/15. Physical examination dated 10/01/15 reveals tenderness to palpation of the cervical spine with spasms noted on the left, moderately decreased cervical range of motion, and hyporeflexic triceps and biceps deep tendon reflexes on the left. The patient is currently prescribed Ambien, Cymbalta, Duragesic, Neurontin, Vicodin, and Zanaflex. Patient is currently classified as temporarily totally disabled. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In regard to the continuation of Ambien for this patient's insomnia secondary to chronic pain, the requesting provider has exceeded guideline recommendations. While this patient presents with significant chronic pain and associated insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets with three refills does not imply the intent to utilize this medication for 7-10 days. Therefore, the request IS NOT medically necessary.