

Case Number:	CM15-0219900		
Date Assigned:	11/12/2015	Date of Injury:	12/06/1996
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 66 year old male who sustained an industrial injury on 12-6-96. A review of the medical records indicates he is undergoing treatment for lumbosacral spondylosis without myelopathy. Medical records (3-4-15, 6-19-15, and 10-2-15) indicate ongoing complaints of intermittent low back pain that radiates to his right leg. He rates the pain "2 out of 10". He reports the pain is "aching, hot-burning, and shooting". The pain is made worse by twisting, turning, bending, increased activity, and cold weather. It gets better with rest and pain medications. The physical exam (10-2-15) reveals an antalgic gait. No tenderness or spasm is noted in the lumbar spine on examination. Fadir test is positive for piriformis pain on the left side. Sensations are "equal" and motor strength is "5 out of 5" in bilateral lower extremities. The treating provider indicates that he uses Tizanidine as a muscle relaxant "only at night". The provider also indicates that the pain awakens him frequently at night and uses Ambien CR to help him sleep through the night. He is working full-time. Treatment involves medications. His medications include Soma, Norco, Ambien CR (since at least 3-4-15), LidoPro topical ointment, Relafen, and Tizanidine (since at least 3-4-15). The utilization review (10-12-15) includes requests for authorization of Ambien CR 6.25mg every night as needed for 30 days #30 with 2 refills and Tizanidine 4mg every night as needed for 90 days #90. The request for Ambien CR was denied. Tizanidine was modified to a quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 6.25,g tablet extended release every night as necessary for 30 days #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem - Short acting non-benzodiazepine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, sleep aid.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference due to pain and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The request is medically necessary.

Tizanidine 4mg 1 tablet ever night as necessary for 90 days #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records provided for review do not support that the injured worker has reports of muscle spasms or that there is benefit from tizanidine. MTUS guidelines support tizanidine for treatment of spasms. The medical records do not document or report muscle spasm on exam and as such does not support necessity for tizanidine. The request is not medically necessary.