MAXIMUS Federal Services

Case Number:	CM15-0057859		
Date Assigned:	04/02/2015	Date of Injury:	04/08/1988
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 64 year old male, who sustained an industrial injury on 4/08/1988. Diagnoses include lumbago, degenerative lumbar/lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Treatment to date has included medications and modified work. Per the Primary Treating Physician's Progress Report dated 3/13/2015, the injured worker reported constant low back pain, in the middle of the low back and to the left side of his low back. He reports being able to do yard work and daily activities with medications. He is having some dorsiflexor weakness. Physical examination revealed moderate tenderness across the low back and in the left gluteal region. He has decreased sensation in the left L5/S1 distribution. He is able to transfer and ambulate with guarding due to pain. The plan of care included medications and authorization was requested for Zanaflex 2mg #90 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with constant low back pain, in the middle of the low back and to the left side of his low back. The request is for ZANAFLEX 2MG #90. The RFA provided is dated 03/16/15. Patient's diagnosis included lumbago, degenerative lumbar/ lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) 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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Zanaflex was first mentioned in the progress report dated 03/05/14 and the patient has been using it consistently at least since then. "He reports being able to do yard work and daily activities with medications." The MTUS guidelines support the usage of Tizanidine which is allowed for treatment of myofascial pain, low back pain and fibromyalgia conditions. Given the patient's continued myofascial pain and lower back pain and documentation of medication efficacy, the requested Zanaflex IS 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with constant low back pain, in the middle of the low back and to the left side of his low back. The request is for LUNESTA 3MG #30. The RFA provided is dated 03/16/15. Patient's diagnosis included lumbago, degenerative lumbar/ lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy.
Patient is retired. MTUS does not discuss Lunesta or treatment for sleep issues. ODG guidelines were consulted. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The prescription for Lunesta was first mentioned in the progress report dated 03/05/14 and the patient has been using it consistently at least since then. He reports being able to do yard work and daily activities with medications. Regarding Lunesta, ODG recommends short-term use of up to 3 weeks in the first two months of injury. It is not recommended for long-term use.

In this case, the patient has been taking the medication for more than 6 months. Furthermore, the request for 3 mg, quantity 30 does not indicate intended short term use and exceeds the guidelines recommended dosage. Therefore, the request IS NOT medically necessary.