

Case Number:	CM14-0139282		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2007
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male who reported an injury on 03/25/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L4-5 and L5-S1 posterior compression and stenosis, lumbar disc herniation, lumbar radiculopathy, chronic spinal strain, and previous colon surgery. Physical medical treatment consists of occupational therapy, physical therapy, aquatic therapy, and medication therapy. A urine drug screen was obtained on 07/02/2014. The report was not submitted for review. On 07/02/2014, the injured worker complained of back pain. Physical examination had noted that the pain was 10/10. Medications include Norco, tizanidine, and zolpidem. Examination of the lumbar spine revealed tenderness in the paraspinal musculature of the lumbar region bilaterally. Midline tenderness was noted in the lumbar spine. Muscle spasms were positive over the lumbar spine. It was noted that the injured worker had a flexion of 15 degrees, extension of 10 degrees, rotation to the right of 20 degrees, rotation to the left of 20 degrees, tilt to the right 10 degrees, and tilt to the left 10 degrees. Spasm on lumbar range of motion was present. Sensory testing with a pinwheel was normal except for decreased pinprick sensation in the foot dorsum and posterolateral calf bilaterally. Motor examination by manual muscle test was normal, except by grade IV plantar flexor and toe extensor bilaterally. Sciatic nerve compression was positive bilaterally. Deep tendon reflexes of biceps, triceps, brachioradialis, knee, and ankle were 2/2 bilaterally. The treatment plan was for the injured worker to continue the use of tizanidine and zolpidem. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: The request for Tizanidine 4mg #120 with 3 refills is not medically necessary. The California MTUS Guidelines recommend tizanidine as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. These types of medications are not recommended to be used for longer than 2 to 3 weeks. Given the above, the injured worker is not within the MTUS recommended guidelines. The submitted report dated 07/02/2014 shows that the injured worker had a prescription of tizanidine since at least this time, exceeding the recommended guidelines for short term use. Furthermore, the efficacy of the medication was not documented in the submitted reports. It was not indicated whether the medication helped with any functional deficits. Furthermore, it was not documented what pain rates were before, during, and after the medication. As such, the request for tizanidine is not medically necessary.

Zolpidem 10mg #30 with 5 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, Pain (Chronic)

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

Decision rationale: The request for Zolpidem 10mg #30 with 5 refills is not medically necessary. The Official Disability Guidelines state that zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term, usually 2 to 6 weeks, treatment for insomnia. Zolpidem is in the same drug class as Ambien. 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 antianxiety agents are commonly prescribed in chronic low back pain, pain specialists rarely, if ever, recommended 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 long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The request for zolpidem 10 mg with a quantity of 30 with 5 refills would translate to a 5 month supply of medication, and would exceed the guideline recommendation for short term use. Furthermore, the efficacy of the medication was not documented in the submitted report. Given the above, the injured worker is not within the

recommended ODG criteria. As such, the request for zolpidem 10mg #30 with 5 refills is not medically necessary.