

Case Number:	CM14-0147281		
Date Assigned:	09/15/2014	Date of Injury:	10/19/2011
Decision Date:	11/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 10/19/2011 due to a fall. The injured worker had a history of back pain that radiated to the right leg, right shoulder pain and right hip pain. The injured worker had a diagnosis of rotator cuff dis NEC, radiculopathy, hip bursitis, and lumbar facet syndrome. Prior treatments included physical therapy 30 visits. The medications included Dexilant, Ambien 10 mg, naproxen 500 mg, Tizanidine 4 mg, and Ultram 50 mg. The physical evaluation dated 09/11/2014 of the lumbar spine revealed range of motion was restricted with flexion limited at 80 degrees and extension limited to 15 degrees. On palpation, paravertebral muscles, spasm, and tenderness were noted on the right side. Lumbar facet loading was positive to the right. The injured worker was noted with an antalgic gait with assistance of a cane. The motor examination revealed a 4/5 on the right ankle, dorsiflexors were 4/5 to the right. The sensory examination revealed light touch sensation was decreased over the L4 and S1 distributions on the right side. Deep tendon reflexes revealed bilateral knee jerk at 2/4. The straight leg raise test was positive on the right. The diagnostics included an MRI of the lumbar spine dated 05/27/2014 that revealed an L4-5 and L5-S1 disc protrusion with a moderate right foraminal stenosis. The treatment plan included a continuation of medications. The Request for Authorization dated 09/13/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #120: 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)

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, Zolpidem

Decision rationale: The request for Ambien 10 mg #120 is not medically necessary. The California MTUS/ACOEM Guidelines and 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 of insomnia. zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical in the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefits. While sleeping pills (so called minor tranquilizers) and antianxiety 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 killers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The guidelines indicate that Ambien is short acting and should be no longer than 2 to 6 weeks of treatment of insomnia. The clinical notes indicate that the injured worker was prescribed the Ambien on his 05/22/2014 visit and has continued to take it. The request did not indicate the frequency. As such, the request is not medically necessary.

Tizanidine HCL 4mg #30: 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 HCl 4 mg #30 is not medically necessary. The California MTUS Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic lower back pain. The 06/19/2014 clinical notes indicated that the injured worker had been taking the tizanidine on a regular basis 1 every night. The guidelines indicate that Tizanidine is for short acting acute exacerbations of acute lower back pain. The request was for 30 tablets, exceeding the recommended dosage. As such, the request is not medically necessary.