

<b>Case Number:</b>	CM14-0148382		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine and is licensed to practice in California. 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 patient suffered his worker comp injury on 8/7/07 to his shoulder area. He saw his pain specialist on 6/23/14 and he was noted to have left shoulder pain and medicine related gastritis. His physical exam demonstrated tenderness of his left shoulder. His diagnoses were cervical radiculopathy, left shoulder pain, HBP, chronic pain, and status post (s/p) left shoulder surgery. Treatment plan involved home exercises, Lidoderm pain patch, Motrin, Lortab or Vicodin, Ambien and Zanaflex. The treating M.D. stated that he was requesting Tizanidine or Zanaflex for occasional use to treat acute exacerbation of muscle spasm that was associated with his chronic pain syndrome. He also stated that the patient had tried basic sleep hygiene modalities and OTC sleep aides with little benefit. He requested authorization of Ambien in order to institute a slow weaning program. He stated that if he was intolerant of being weaned off of sleep meds he would attempt to treat the patient with another sleep agent more suited for long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date review of Ambien

**Decision rationale:** Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step if the above is not successful would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should one use sleep aides. They should be used for the shortest possible time period and only with the smallest doses. Ambien can cause side effects such as HBP, palpitations, anxiety, muscle cramps, and back pain. In this particular patient we note that he had failed the above discussed sleep hygiene and necessitated the use of Ambien. However, the treating M.D. was aware of the desirability to treat for short time periods and not chronically. Therefore, he was seeking the authorization of Ambien in order to wean the patient off of the medicine and he stated that if this were unsuccessful he would seek to transition to another agent that was more suitable for chronic use. Therefore, the request is medically necessary.

**Tizanidine 2mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 of 127.

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

**Decision rationale:** Tizanidine or Zanaflex is a centrally acting alpha 2 adrenergic agonist that is FDA approved for the treatment of spasticity. It is used off label for lumbar pain. One study showed significant decrease in pain associated with chronic myofascial pain syndrome. Also, it is noted to be of benefit in the treatment of fibromyalgia. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Therefore, LFT's should be monitored. It has been shown that elevated LFT's usually are reversible once the medicine is discontinued. However, the drug should not be used when liver impairment exists and should be used with caution in the presence of renal impairment. In this particular patient we note that he was already being treated with Lidoderm patch, Motrin and narcotics for chronic shoulder pain. The M.D. was requesting this medicine to treat occasional muscle spasms associated with his chronic shoulder pain and not to use the medicine on a chronic basis. Zanaflex is indicated for this use and the patient should have access to this treatment. Therefore, the UR decision is overturned and the patient should be granted authorization for Zanaflex or Tizanidine.