

Case Number:	CM14-0091891		
Date Assigned:	09/12/2014	Date of Injury:	06/10/2010
Decision Date:	10/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine and is licensed to practice 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:

This is a 57-year-old female with a 6/10/10 date of injury. The mechanism of injury occurred when she tried to catch a patient from falling and had significant pain in her right knee. According to a progress report dated 8/28/14, the patient stated that her mid back pain, lower backache, and right knee pain have increased since her last visit. Her pain with medication was rated as 2 and without medication was rated as 9. Her quality of sleep was poor and her activity level has decreased. It is noted that Rozerem caused daytime drowsiness and was considered a failed medication. She stated that she had slipped and fallen onto her right hip 3 weeks ago and still had bruising to her hip and muscle spasms to her low back. The patient was found to have severe sleep apnea according to a sleep study on 6/22/14. Objective findings: tenderness and tight muscle band on both sides of thoracic spine, restricted ROM of right knee with crepitus noted, dysesthesias present over anterior/medial knee on the right side. Diagnostic impression: knee pain, pain in joint lower leg. Treatment to date: medication management, activity modification, physical therapy, injections, A UR decision dated 6/5/14 denied the requests for Zanaflex and Rozerem. Regarding Zanaflex, there are no documented muscle spasms and MTUS does not recommend chronic use of Zanaflex. Regarding Rozerem, there is no documentation of sleep hygiene and no diagnosis of insomnia in the current report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg tablet qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is documented that the patient slipped and fell onto her right hip 3 weeks ago had muscle spasms to her low back. However, according to the reports provided for review, the patient has been taking Zanaflex chronically since at least 4/24/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Zanaflex 4mg tablet qty: 30 were not medically necessary.

Rozerem 8mg, qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) (<http://www.odgtwc.com/odgtwc/pain.htm>) Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Rozerem)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Rozerem (Ramelteon) is a melatonin receptor agonist and is indicated for the treatment of insomnia characterized by difficulty with sleep onset. It is noted that Rozerem caused daytime drowsiness and was considered a failed medication. In addition, the patient was found to have severe sleep apnea according to a sleep study on 6/22/14. Rozerem is not recommended in patients with sleep apnea. Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Rozerem 8mg, qty: 30 were not medically necessary.