MAXIMUS Federal Services

Case Number:	CM15-0013568		
Date Assigned:	02/02/2015	Date of Injury:	06/30/2003
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 61 year old woman sustained an industrial injury on 6/30/2003. The mechanism of injury is not detailed. Current diagnoses include musculoligamentous strain/sprain of the cervical, thoracic, and lumbar spine; bilateral shoulder periscapular strain and inpingement; bilateral elbow medical epicondylitis; bilateral forearm/wrist tendonitis; bilateral first finger carpometacarpal joint arthralgia; right knee contusion and sprain; left knee sprain; right hip greater trochanter bursitis; psychiatric complaints; and rheumatologic complaints. Treatment has included oral medications. Physician notes on a PR-2 dated 1/6/2015 show tenderness to palaption of the shoulder with crepitus and decreased range of motion. The worker is requesting to pursue surgical options. Recommendations include Zanaflex with the indication noted as treatment of spasm to resume activity and function and Ambien with the indication that worker has failed behavioral techniques for improved sleep and sleep difficulty. On 1/20/2015, Utilization Review evaluated prescriptions for Zanaflex 2mg #120 and Ambien 5mg #15, that were submitted on 1/23/2015. The UR physician noted the worker has been on Zanaflex long term, however, there is no evidence of of acute spacticity that would benefit from a muscle relaxant. Further, the Ambien has been taken long term as well and the worker has indicated difficulty with concentration, elevated pain levels, and depression. MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appeled to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Zanaflex is indicated for the management of acute spasticity, low back pain and chronic myofascial pain syndrome and short term use is recommended. Weaning is recommended in patients that have had prolonged use. In this case, the patient is a long term user of Zanaflex but there is no evidence of acute spasticity that would benefit from a muscle relaxant. There is no documentation of functional benefit or increase in activity tolerance or reduction in the use of medications as a result of Zanaflex. Thus, weaning would be recommended for this patient. The current request is not medically appropriate and necessary.

Ambien 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien

Decision rationale: Ambien is a short active hypnotic agent recommended for short term use (7-10 days) for insomnia. It is not recommended for long term use. In this case the patient has been using Ambien for a long time. Furthermore, documentation failed to provide efficacy to warrant long term use. Since guidelines do not support long term use of this medication, the request for Ambien 5 mg #15 is not medically necessary and appropriate.