

<b>Case Number:</b>	CM15-0176234		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 60 year old female with a date of injury on 11-3-2003. A review of the medical records indicates that the injured worker is undergoing treatment for myalgia and myositis not otherwise specified and carpal tunnel syndrome. According to the progress report dated 6-26-2015, the injured worker complained of total body pain, chronic fatigue and problems sleeping. She had morning gel phenomenon-45 minutes. She reported not getting Lyrica and Prozac. She complained of worsening depression. She complained of pain in her bilateral knees, feet, elbows and hands. She also complained of neck and shoulder pain. Per the treating physician (6-26-2015), the employee was not working. The physical exam (6-26-2015) revealed no new joint swelling. The physician documented "Trigger points tenderness 12+." Treatment has included pool therapy, acupuncture and medications. The injured worker has been prescribed Omeprazole, Tizanidine and Zaleplon since at least 3-20-2015. The original Utilization Review (UR) (8-13-2015) non-certified requests for Omeprazole, Tizanidine and Zaleplon. Utilization Review certified a request for Diclofenac Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole (Prilosec) 20 mg Qty 120 (retrospective DOS 6/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole (Prilosec) 20 mg #120 retrospective June 26, 2015 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are myalgia and myositis NOS; carpal tunnel syndrome and ganglion of joint. Date of injury is December 3, 2003. Request for authorization is July 20, 2015. According to a progress note dated March 20, 2015, the treating provider prescribed Prilosec, Tizanidine and Zalepion. According to a June 26, 2015 progress, subjective complaints include total body pain, problems with sleeping and knee, neck and hand pain. Objectively, there was a normal neurological examination and trigger point tenderness, but no location for the trigger points. There were no other physical findings noted. There are no gastrointestinal comorbid conditions or risk factors for gastrointestinal events. There was no clinical indication or rationale for proton pump inhibitors. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for proton pump inhibitors, Omeprazole (Prilosec) 20 mg #120 retrospective June 26, 2015 is not medically necessary.

**Tizanidine (Zanaflex) 2 mg Qty 120 (retrospective DOS 6/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine (Zanaflex) 2 mg #120 retrospective June 26, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myalgia and myositis NOS; carpal tunnel syndrome and ganglion of joint. Date of injury is December 3, 2003. Request for authorization is July 20, 2015. According to a progress note dated March 20, 2015, the treating provider prescribed Prilosec, Tizanidine and Zalepion. According to a June 26,

2015 progress, subjective complaints include total body pain, problems with sleeping and knee, neck and hand pain. Objectively, there was a normal neurological examination and trigger point tenderness, but no location for the trigger points. There were no other physical findings noted. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or attitude exacerbation of chronic low back pain. The treating provider prescribed Tizanidine in excess of the recommended guidelines for short-term (less than two weeks) use by continuing, at a minimum, Tizanidine in excess of three months. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of the recommended guidelines for short-term (less than two weeks) use, no documentation demonstrating objective functional improvement and no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain, Tizanidine (Zanaflex) 2 mg #120 retrospective June 26, 2015 is not medically necessary.

**Zalephon (Sonata) 10 mg Qty 60 (retrospective DOS 6/26/15): 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.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zalepion (Sonata) 10 mg #60 retrospective June 26, 2015 is not medically necessary. Zalepion is a non-benzodiazepine sedative hypnotic. These medications are recommended only after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve 7 to 10 days may indicate a psychiatric and/or medical illness. Zalepion reduces sleep latency. Because of its short half-life (one hour) it may be re-administered upon nocturnal awakening provided it is administered at least four hours for wait time. Short-term use (7-10 days) as indicated with a controlled trial showing effectiveness for up to five weeks. In this case, the injured worker's working diagnoses are myalgia and myositis NOS; carpal tunnel syndrome and ganglion of joint. Date of injury is December 3, 2003. Request for authorization is July 20, 2015. According to a progress note dated March 20, 2015, the treating provider prescribed Prilosec, Tizanidine and Zalepion. According to a June 26, 2015 progress, subjective complaints include total body pain, problems with sleeping and knee, neck and hand pain. Objectively, there was a normal neurological examination and trigger point tenderness, but no location for the trigger points. There were no other physical findings noted. The documentation does not demonstrate objective functional improvement. Zalepion is indicated for short-term use (7-10 days) with effectiveness for up to five weeks. Zalepion has been continued in excess of three months. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of the recommended guidelines and no workup for failure of sleep disturbance to result in 7 to 10 days, Zalepion (Sonata) 10 mg #60 retrospective June 26, 2015 is not medically necessary.