

<b>Case Number:</b>	CM15-0067399		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 58-year-old female, who sustained an industrial injury on 2/24/2003. The mechanism of injury is not indicated. The injured worker was diagnosed as having back pain, lumbar radiculopathy, cervicalgia, and enthesopathy of hip. Treatment to date has included medications, heat, ice, resting, and cervical epidural steroid injection. The request is for Tizanidine, Duloxetine, and Eszopiclone. On 3/4/2015, she complained of back pain and indicated her symptoms to be unchanged, and her pain to be moderate. She reported her pain is relieved by heat, ice, sitting and medications. The treatment plan included: Percocet, Lunesta, and Tizanidine. She is reported to have had only a 25% improvement after injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 3mg quantity 90:** 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 muscle relaxants Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also 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. In this case, the claimant had been on Tizanidine for several months in combination with Percocet and Ibuprofen. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

**Duloxetine 30mg quantity 90:** 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 antidepressants Page(s): 13. Decision based on Non-MTUS Citation antidepressants and pg 16.

**Decision rationale:** Duloxetine is an SNRI antidepressant. In this case, the claimant was noted to have anxiety and depression in the prior review of symptoms but not in the exam. Detail of depressions, self reported questionnaire or response to medication was not mentioned. An SNRI is not 1st line for pain indication. The continued use of Duloxetine is not medically necessary.

**Eszopiclone 3mg quantity 30:** 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 ODG insomnia medication and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was on Provigil for the prior months, which can help those with narcolepsy. At this juncture, the claimant is given a sleeping aid. The sleep disturbance was not provided and failure of behavioral modifications was not noted. The use of Eszopiclone (Lunesta) is not justified and not medically necessary.

