

<b>Case Number:</b>	CM13-0058408		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 physician 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 is a 42-year-old male who was injured on November 6, 2008. The patient continued to experience neck and right shoulder pain. MRI of the cervical spine, done on March 8, 2010, showed C6-7 annular tears and degenerative joint disease. TEMG/NCV studies showed findings consistent with right C6 and C6 radiculopathies. Diagnoses included cervical radiculopathy. Treatment included medications, steroid injections, and physical therapy. Requests for authorization for Zolpidem 10 mg, Synovacin 500 mg, and orphenadrine ER 100 mg twice daily were submitted for consideration

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg:** Upheld

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

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

**Decision rationale:** Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various

medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. In this case the patient had been taking Zolpidem since at least January 2013. The duration of treatment surpasses the duration recommended above. There is no documentation in the chart that the patient was suffering from insomnia or that Zolpidem was effective in treating it. Medical necessity is not established.

**Synovacin 500 mg:** 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 Interventions and Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine.

**Decision rationale:** Glucosamine is recommended as an option, in patients with moderate arthritis pain, especially for knee osteoarthritis. Multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee) have been completed and controversy on efficacy related to symptomatic improvement continues. Glucosamine may not be helpful for patients with osteoarthritis of the hip or knee, according to the results of a recent meta-analysis in BMJ, but the authors concluded the medication is not dangerous, and there is no harm in having patients continue the medication as long as they perceive a benefit and cover the costs of treatment themselves. In this case the patient was diagnosed with osteoarthritis. There is no medical indication for the medication.

**Orphenadrine Citrate ER 100 mg:** 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 Pain Interventions and Guidelines Page(s): 63 and 65.

**Decision rationale:** Orphenadrine is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S.

Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. The patient had been treated with muscle relaxant since at least February 2013. She was treated with Soma or carisoprodol until August, 2013. At that time, Coma was discontinued and orphenadrine was started. The duration of treatment for muscle relaxants surpasses the two week duration of treatment recommended in the guidelines. There is no documentation that it has been effective. The request for the medication is not authorized.