

Case Number:	CM14-0102822		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2005
Decision Date:	10/20/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Internal Medicine, and is licensed to practice in 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:

The injured worker is a 45 year old male who had a work-related injury on 12/28/05. The mechanism of injury was not documented. Most recent medical record submitted for review is dated 09/19/13. It is noted that the injured worker denies any significant interval changes in his condition since his last follow-up. He saw [REDACTED] for ophthalmologic follow up on 08/28/13. He is unsure [REDACTED] made any particular recommendations for any changes in his care. Previously had difficulty accommodating to his ongoing state and says he is now sleeping better with the use of that assistive device. He still notes a slight sensation of obstruction when he swallows but, at follow up, [REDACTED] felt no significant pathology. Previously authorized for urological consultation regarding the patient's erectile dysfunction. However, the injured worker stated that the erectile dysfunction had somewhat improved. He underwent an MRI of his brain on 05/13/11. The impression of this study noticed small significant abnormalities in the left anterior basilar ganglion region suggestive of a possibility of lacunar infarcts sequelae of previous hypertensive incidents were less likely posttraumatic. He continues to note cognitive deficits associated with his head injury. He has chronic pain in the left side of his neck and with intermittent headaches. He reports having had some occasional incidents of radiating numbness and tingling to his left upper extremity down to his left hand. He previously had intermittent left-sided low back pain, which occurred occasionally after following a car accident he has some persistent constant, although minimal, low back pain. Physical examination of cervical spine reveals there is slight tenderness noted in the left lower cervical paraspinal region. No tenderness is noted in the cervical spine. Range of motion in the cervical spine is within normal limits. Spurling's maneuver is negative bilaterally. Lumbar spine reveals slight to moderate tenderness to palpation in the left lumbar paraspinal region. No tenderness is noted in the lumbar spine. Seated straight leg raise is negative bilaterally. Finger to floor distance is 2 inches. The injured

worker has negative Rundberg's testing. Reflex, motor, and sensory testing in the upper extremities is denied. Diagnoses include status post concussion with post concussive syndrome with cognitive deficits including processing, short term memory, visual and spacial deficits, and executive functioning, per neuropsych testing. Chronic headaches. Chronic cervicalgia. Surgical strain. Sleep disturbances. Depression. Left lumbar strain. Prior utilization review for Norflex 100mg #90 with 2 refills, Zantac 150mg #60 with 2 refills, and Ambien 10mg #30 with 2 refills 06/13/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg Extended Release, #90 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 of 127.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Zantac 150mg, #60 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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: <http://www.rxlist.com/zantac-drug/indications-dosage.htm>

Decision rationale: The request for Zantac 150mg #60 with 2 refills is not medically necessary. The clinical evidence submitted does not support the request. There is no documentation of GERD, ulcer or other gastrointestinal problems. Therefore, medical necessity has not been established.

Ambien 10mg, #30 (2 refills): 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 Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Integrated Treatment/Disability Duration Guidelines - Pain (Chronic) - Criteria for Zolpidem (Ambien®)

Decision rationale: As noted in the Pain (Chronic) section of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.