

Case Number:	CM14-0017933		
Date Assigned:	04/16/2014	Date of Injury:	05/01/2013
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 ABFP 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:

54 yr. old male claimant sustained a work injury on 5/1/13 resulting in chronic back pain. He had a diagnosis of L5-S1 radiculopathy and had undergone transforaminal epidural steroid injections. Since the injury, he has used NSAIDs, Tizandine (muscle relaxant) and Norco for pain. He has undergone physical therapy. A progress note in October 2013 indicated he had been taking Morphine, Naproxen, Cymbalta and Zanaflex (muscle relaxant) for symptom relief of back pain and muscle spasms. An examination report on 11/15/13 indicated the claimant had 2/10 back pain, and 80% relief with an epidural steroid injection. Physical exam findings included paravertebral spasms and radicular symptoms on the right side. His Morphine was discontinued. Norflex 100 mg at night was added and Ambien 10 mg was given for insomnia. The Ambien and Norflex were continued into January 29, 2014 at which his pain escalated to 8/10. He was continued on Norflex, Ambien, Vicodin and Relafen. An additional authorization was ordered for an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX 100MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-64.

Decision rationale: Norflex (Orphenadrine) is a muscle relaxant. According to the MTUS guidelines: Muscle Relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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 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 muscles relaxants for several months. They were used with NSAIDs. There was no improvement with the use of Norflex in pain and function. The continued use of Norflex is not medically necessary.

AMBIEN 10MG, #30: 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), Pain-Zolpidem (Ambien).

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

Decision rationale: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Zolpidem [Ambien® (generic available), Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, the claimant had been on Ambien for several months. Sleep etiology, patterns, hygiene, etc were not documented. The continued use of Ambien is not medically necessary.