

Case Number:	CM14-0112598		
Date Assigned:	08/01/2014	Date of Injury:	10/09/2007
Decision Date:	11/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 38-year-old female with a date of injury of 10/09/2007. The listed diagnosis per [REDACTED] is complex regional syndrome, type 2, upper limb. According to progress report, 05/01/2014, the patient presents with chronic neuropathic pain in the areas of his left neck, upper chest, shoulder, and arm. The patient reports reduction in pain with current medications from 9/10 without medication to 6/10 with medication. Some functional gains are also provided by the medications in that "they significantly assist her ADLs, mobility, and restorative sleep." The patient reports side effects of mild drowsiness. Examination of the neck revealed painful range of motion. Examination of the left shoulder revealed restrictive painful ROM and tenderness noted. The physician is requesting medication refills. Utilization Review denied the request on 06/25/2014. Treatment reports from 12/03/2013 to 05/01/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request or Pharmacy Purchase of Orphenadrine Citrate 100MG #60:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants (for pain) Page(s): 64,63.

Decision rationale: This patient presents with chronic neuropathic pain. This is a retrospective request of Orphenadrine citrate 100 mg #60. Review of the medical file indicates the patient has been taking Orphenadrine since 11/04/2013. The MTUS Guidelines page 63 does not recommend long-term use of sedating muscle relaxants for long-term use. Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, the physician does not discuss how this medication is helping this patient in terms of pain and function. MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. The request is not medically necessary.

Retrospective Request or Pharmacy Purchase of Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Sleeping Medications (Feinberg, 2008)

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

Decision rationale: This patient presents with chronic neuropathic pain. The physician is requesting Zolpidem 10 mg #30. Review of the medical file indicates the patient has been prescribed this medication on a monthly basis since 11/03/2013. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines under its pain section states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Given that Zolpidem has been prescribed for long term use. The request is considered not medically necessary.