

Case Number:	CM14-0173507		
Date Assigned:	10/24/2014	Date of Injury:	01/18/2002
Decision Date:	12/03/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family 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:

This injured worker's date of injury is 01/18/2002. This patient receives treatment for chronic low back pain. The patient received physical therapy and chiropractic after the original injury. Epidural injections and lumbar spinal surgery followed. Pain persisted and the patient received physical therapy. Another lumbar operation was performed due to persisting low back pain. The patient has "failed back," opioid dependence, and chronic low back pain. The medications use include: Lunesta, Ibuprofen, Percocet, Elavil, and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 MG #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), Mental Illness and Stress

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: Treatment of Insomnia, UpToDate.com; by Michael H Bonnet, PhD

Decision rationale: The treatment of insomnia on the patient attending to proper sleep hygiene and addressing any medical factors that impair proper rest, such as, identifying and treating

Obstructive Sleep Apnea or alcoholism. Benzodiazepines and the non-benzodiazepines may be medically appropriate for the short-term management of insomnia. None of the agents is recommended for the long-term management of sleeping disorders. Lunesta is not medically indicated.

Orphenadrine Citrate ER 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64-66.

Decision rationale: Orphenadrine is a muscle relaxer, specifically an anti-spasmodic. As with other agents in this group, it may be useful for the short-term management of muscle spasm pain of the low back. There are no outcomes data from properly designed clinical studies that support its use for the long-term management of chronic low back pain. Orphenadrine is not medically indicated.