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| Case Number: | CM14-0184665 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 02/09/2011 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 New Jersey. 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 worker is a 52 year old male who was injured on 2/9/2011 during a motor vehicle accident. He was diagnosed with pain in shoulder joint, cervical disc displacement, and lumbar disc displacement. He was treated with various medications including muscle relaxants, anti-epileptics, opioids, sedative hypnotics, topical analgesics, and NSAIDs. He was also treated with physical therapy, including home exercise. On 10/14/14, the worker was seen by his pain specialist for a follow-up complaining of his chronic neck, left shoulder, and right upper extremity pain, with his left shoulder pain getting gradually worse. Physical findings included normal muscle tone in the arms and legs and limited range of motion of the left shoulder. He was then recommended to continue his medications which included Capsaicin Cream, Nabumetone, Gabapentin, Hydrocodone, Orphenadrine, Ambien, and Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg 1 tablet every 12 hours as needed Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who had been taking Orphenadrine chronically leading up to this request for continuation, there was no documented report of how well the Orphenadrine effected his overall function and pain, which is required in order to consider it for continuation, albeit an inappropriate use (chronic use). Therefore, the requested Orphenadrine is not medically necessary.

Ambien 5mg 1 tablet at bedtime Quantity: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness Section, Sedative Hypnotics, and Pain section, Insomnia Treatment

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the Official Disability Guidelines states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been using Ambien beyond the recommended duration, and was using it most nights according to the records available for review. This is not a recommended way to take this medication. Therefore, continued use of Ambien is not medically necessary.