

<b>Case Number:</b>	CM14-0038965		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 67-year-old female with a 4/12/07 date of injury. At the time (3/3/14) of request for authorization for Orphenadrine 100 mg #60, Hydrocodone-APAP 5/325 mg #60, and Zolpidem 10 mg #30, there is documentation of subjective findings of discomfort in the cervical spine and bilateral upper extremities; associated numbness and tingling in the right shoulder and objective findings of tenderness to palpation of the cervical and upper thoracic paraspinal region, continues loss of cervical motion. The current diagnoses are chronic myofascial cervical spine strain/sprain and multilevel cervical spondylosis. The treatment to date includes activity modification and medications including Ambien and Hydrocodone-APAP since at least 7/11, and Zolpidem since at least 7/12. The 7/11/12 medical report identifies that the patient utilizes Vicodin and a muscle relaxant on a daily basis for pain relief, and a sleeping aid. In addition, 7/11/12 medical report identifies that the patient is not experiencing any side effects, and that medications are effective for pain relief and improvement of ability to perform daily activity. Regarding the requested Orphenadrine 100 mg #60, there is no documentation of an acute exacerbation of chronic pain and that Orphenadrine is being used as a second line option and for short-term treatment. Regarding the requested Hydrocodone-APAP 5/325 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Regarding the requested Zolpidem 10 mg #30, there is no documentation of insomnia and an intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophenadrine, 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic myoligamentous cervical spine strain/sprain and multilevel cervical spondylosis. In addition, there is documentation of functional benefit and improvement as a result of orphenadrine use to date. However, there is no documentation of an acute exacerbation of chronic pain and that Orphenadrine is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for orphenadrine 100 mg #60 is not medically necessary.

**Hydrocodone-APAP 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic myoligamentous cervical spine strain/sprain and multilevel cervical spondylosis. In addition, there is documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects and functional benefit or improvement as a result of Hydrocodone-APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone-APAP 5/325 mg #60 is not medically necessary.

**Zolpidem 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 chapter.

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

**Decision rationale:** California MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic myofascial cervical spine strain/sprain and multilevel cervical spondylosis. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least 7/12, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for zolpidem 10 mg #30 is not medically necessary.