

Case Number:	CM14-0054484		
Date Assigned:	07/07/2014	Date of Injury:	04/26/2008
Decision Date:	08/12/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery 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 60-year-old male who sustained an industrial injury on 4/26/08. The patient was being treated for chronic pain in the cervical spine, lumbar spine, right shoulder, and hand. The 2/20/14 treating physician report cited grade 5-6/10 pain with current medications. Medications included Ambien (zolpidem), topical patches, Norco, Xanax, non-steroidal anti-inflammatory drugs (NSAIDs), proton pump inhibitors (PPIs), and Neurontin. The patient was attending physical therapy with improvement in range of motion and functional capacity status. Physical exam findings documented increased right wrist and shoulder range of motion, cervical paravertebral muscle spasms and tenderness, decreased cervical range of motion, lumbar tenderness, and decreased lumbar range of motion, and decreased C6, C7, L4, and L5 dermatomal sensation. The diagnosis was cervical and lumbosacral radiculopathy, right shoulder tendinitis/bursitis, and right wrist tendinitis/bursitis. The treatment plan noted refill of medications, except for Xanax which was discontinued to prevent iatrogenic dependence and tolerance. The patient was to complete physical therapy and continue home exercise. Billing forms documented that Norflex and zolpidem were dispensed. The 3/24/14 utilization review denied the requests for zolpidem tartrate and Norflex. The request for zolpidem was denied as there was no documentation of efficacy with prior use, or documentation of sleep history. The request for Norflex was denied as there was no documentation of failure of all other first-line muscle relaxants prior to use, or indication of the duration of use. Records indicate the patient has been using Ambien (zolpidem) since at least 3/21/13 with no documentation of benefit or assessment of sleep status. There is no documentation of Norflex in the medical records, including duration of use, indications, or functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Zolpidem (Ambein).

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

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem as first-line medication for the short term (two to six week) treatment of insomnia. Guidelines recommend that insomnia treatment be based on the etiology. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, maintenance, and quality, and next-day functioning. Guideline criteria have not been met. Records indicate that the patient has been using this medication for at least a year, with no documentation of sleep benefit. Therefore, the request for Zolpidem Tartrate 5mg #30 is not medically necessary.

Norflex 100mg #100: 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): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary.

Decision rationale: The California MTUS guidelines indicate that Norflex (orphenadrine) is a non-sedating muscle relaxant categorized as an anti-spasmodic with anticholinergic effects. In general, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Guidelines state that the efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guidelines state that Norflex has been reported in case studies to be abused for euphoria and to have mood elevating effects. The Official Disability Guidelines Formulary indicate this is not a first-line medication. Guideline criteria have not been met. This medication was dispensed on 2/20/14, but not documented on the progress report. There is no evidence in the medical records relative to duration of use, indication for use, failure of other muscle relaxants, or functional benefit. There is no acute exacerbation of the patient's chronic low back pain documented. Therefore, the request for Norflex 100mg #100 is not medically necessary.

