

Case Number:	CM14-0066515		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2011
Decision Date:	10/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 Tennessee. 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 30-year old male who has submitted a claim for lumbar sprain, sciatica, and right knee internal derangement associated with an industrial injury date of 7/19/2011. Medical records from 10/2/2013 up to 5/8/2014 were reviewed showing that the patient is in constant pain and complains of numbness in his leg and knee. He stated that he continues to have lumbar pain that radiates to both his legs. He also has tension in his right knee. Physical examination of the right knee revealed swelling, tenderness, and restricted ROM. Lumbar spine examination revealed antalgic gait, tenderness over the paraspinal musculature, and limited ROM due to pain. Treatment to date has included Norflex 100mg, Ambien 5mg, Norco, HEP, TENS, and FCE on 12/18/13. Utilization review from 4/16/2014 denied the request for Norflex 100 mg #60 and modified the request for Ambien 5 mg take 1 PO QD # 60 to #15. Regarding Norflex, ongoing use of this medication is not substantiated due to the patient's chronic musculoskeletal pain. Regarding Ambien, prolonged use is not supported and 15 tablets are recommended to enable the provider to taper this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, it was unclear when the patient started taking Norflex however, this request was for DOS: 2/27/14. The patient did not report any muscle spasms. Furthermore, his physical examination did not elicit any signs of muscle spasms. There is no clear rationale for the prescription of this medication. Therefore, the request for Norflex 100 mg #60 is not medically necessary.

Ambien 5 mg take 1 PO QD # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, it was unclear when the patient started taking Ambien however, this request was for DOS: 2/27/14. There is no evidence that the patient is suffering from insomnia. There is no clear rationale for the prescription of this medication. Therefore the request for Ambien 5 mg take 1 PO QD # 60 is not medically necessary.