

Case Number:	CM14-0075272		
Date Assigned:	07/16/2014	Date of Injury:	05/29/2012
Decision Date:	09/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

According to the provided documents this is a 41-year-old who was injured on May 29, 2012. She is a bus driver and her school bus was struck on the driver side by another vehicle. There was arthroscopic surgery for the right shoulder in 2013. There are complaints of right hip pain, neck, and low back problems. Medical reports provided for this review included an November 5, 2013 orthopedic surgery secondary treating physician's progress report, it indicates patient is post right shoulder surgery and is going to physical therapy for that. The plan included a recommendation for right carpal tunnel release. There is mention of a prescription of compound transdermal creams but no mention of any oral medications. A November 12, 2013 narrative report from the chiropractor identified as primary treating physician's progress report indicates patient has continued to have pain in the lower back, and the neck was still the same. Pt is also complaining of pain in the stomach felt to be due to medications. Diagnoses were cervical spine radiculitis, lumbar spine fusion levels, piriformis syndrome on the right, status post right shoulder arthroscopy, right hip sprain/strain and right carpal tunnel syndrome. There is mention that the patient was having difficulty sleeping at night and authorization for a sleep study was requested. There is no mention of what the patient's medications were at the time. There was also a December 10, 2013 chiropractic report with no substantially different information in it. No mention of medications was made. A urine drug screen report of March 16, 2014 for collection of March 8, 2014 indicated patient was not being prescribed any drugs. It as negative. There was a March 8, 2014 request for authorization for topical/transdermal. There is a April 29, 2014 utilization review determination that address the requests for Norflex 100 mg #60 and Ambien 10 mg #30 which were denied. At the same time Zanaflex 4 mg #60, tramadol 50 mg #120 were approved. That utilization review determination indicates that the request came by RFA from the pharmacy. The review noted that "a recent detailed clinical evaluation note is not specified in the

records provided". The most up-to-date medical records available at this time are noted above. Thus, there are no new clinical reports available at this time addressing these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: Norflex is also known as the generic orphenadrine. It is similar to diphenhydramine (Benadryl). It has been reported to be abused for euphoria and to have mood elevating effects. There is no indication how long the patient's been using this medication or what the effectiveness is. The available medical records do not document that this patient has any muscle spasms. There is also note made that the patient is using another muscle relaxant, Zanaflex (tizanidine) and there is no support whatsoever in the guidelines for prescription of 2 different muscle relaxants concurrently. Regarding muscle relaxants in general, MTUS guidelines only recommend use with caution as a 2nd line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no indication that this is the case at this time. Absent adequate current clinical information makes it impossible to determine that this medication was medically necessary. Therefore, the request for Norflex 100 mg, sixty count, is not medically necessary or appropriate.

Ambiem 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness and Stress 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 (chronic), insomnia medications.

Decision rationale: This is also known as zolpidem, it is a medication for insomnia. MTUS guidelines do not address insomnia but it is addressed in the ODG. None of the submitted medical reports included diagnosis of insomnia nor is there any mention of what the potential etiology is other than to indicate that the patient complains of having difficulty sleeping at night and planning a sleep study. There is no mention of any counseling about sleep hygiene for any details about what the nature of the sleeping difficulty is i.e. difficulty falling asleep, waking at night and having difficulty falling back asleep or early awakening. ODG recommends treatment of insomnia based on etiology and recommends pharmacological agents should only be used after careful evaluation of potential causes of the sleep disturbance. There is no documentation of an evaluation for the potential causes of sleep disturbance and no documentation of impairment

in daily function. Therefore, the request for Ambiem 10 mg, thirty count, is not medically necessary or appropriate.