

<b>Case Number:</b>	CM15-0145085		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 injured worker is a 50 year old male who sustained an industrial injury on 07-23-2010. Current diagnoses include post laminectomy syndrome of cervical region, radiculopathy-cervical, stenosis-cervical, facet syndrome-cervical, cervical spondylosis with myelopathy, cervical disc degeneration, musculoskeletal system symptoms-mild cervical protraction, abnormal posture with mild protraction of the neck, and abnormal reflex-moderate hyper-reflexia. Previous treatments included medications, transforaminal epidural steroid injections, surgical intervention, and home exercise program. Report dated 10-30-2014 noted that the injured worker presented with complaints that included neck pain. Pain level was 5 (current), 10 (over the last week), and 5 (with medications) out of 10 on a visual analog scale (VAS). The injured worker also notes difficulties with activities of daily living. The injured worker is on modified duty but currently is not working because his work modifications cannot be accommodated. Cervical examination was positive for mild cervical protraction with corresponding loss of cervical lordosis, decreased cervical range of motion, moderate tight band, moderate muscle spasm, moderate hypertonicity, and moderate tenderness along the bilateral cervical paraspinal muscles, mild tight band and mild spasm, and hypertonicity and moderate tenderness along the bilateral trapezii, Spurling's maneuver is moderately positive bilaterally with radicular symptoms of sharp, shooting, throbbing pain, burning sensation, and numbness and tingling, facet loading is moderately positive at the bilateral C5-C6 and bilateral C6-C7 for axial neck pain, and Hoffman's sign is positive for moderate right upper limb hyper-reflexia. Left scapula has moderate tenderness in the rhomboids. Left upper arm has muscle atrophy in the

dorsal and ventral arm. Left Forearm has moderate muscle atrophy in the dorsal forearm. Muscle stretch reflexes reveal mild hyper-reflexia at the bilateral triceps. Current medications include Relafen (nabumetone) for inflammation and mild to moderate pain, the injured worker states that there is noticeable decrease in pain, inflammation, and swelling with improvement in basic activities of daily living which include dressing and undressing, sitting time, sleeping, standing time, and walking. Norco for strong analgesic effects, the injured worker reported significant pain relief, but reported heartburn with the use. Pamelor for pain relief, with reported improvement in pain and less insomnia. Omeprazole, with reported improvement in gastrointestinal pain relief and decreased heartburn. Orphenadrine citrate for muscle spasms, with noted improvement in pain and less muscle spasms and improvement in basic activities of daily living which include dressing and undressing, sitting time, sleeping, standing time, and walking. Ambien for anxiety and muscle spasms, with improvement in insomnia and basic activities of daily living. The treatment plan included refilling medications and follow up in 4 weeks. Disputed treatments include retrospective Orphenadrine 100mg #60 (DOS 10/30/14), retrospective nabumetone 750mg #60 (DOS 10/30/14), retrospective pantoprazole (Omeprazole) 20mg #60 (DOS 10/30/14), and retrospective zolpidem 10mg #30 (DOS 10/30/14).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Orphenadrine 100mg #60 DOS: 10/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Muscle relaxants for pain Page(s): 1, 63-65.

**Decision rationale:** Orphenadrine (Norflex) is used with rest, physical therapy, and other measures to relieve discomfort caused by certain health problems or by injuries (such as sprains or strains). The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The medical records submitted support that the injured worker has been prescribed orphenadrine for an extended amount of time. The injured worker complains of chronic neck pain. Also, there is insufficient evidence of functional improvement after the treatment to date. Functional improvement is evident by improvement in work status, activities of daily living, and decreasing dependency on medical care. Currently the injured worker remains on modified work duty and is not working, and medical appointments continue on a monthly basis. Guidelines do not support the use of this medication for chronic neck pain or for long term use. Therefore the request for retrospective Orphenadrine 100mg #60 (DOS 10/30/14) is not medically necessary.

#### **Retrospective Nabumetone 750mg #60 DOS: 10/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), NSAIDS.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The Official Disability Guidelines (ODG) states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. The injured worker has been prescribed this medication since at least 01-21-2014. There is insufficient evidence of functional improvement after the treatment to date. Functional improvement is evident by improvement in work status, activities of daily living, and decreasing dependency on medical care. Currently the injured worker remains on modified work duty and is not working, and medical appointments continue on a monthly basis. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Retrospective Nabumetone 750mg #60 (DOS 10/30/14) is not medically necessary.

**Retrospective Pantoprazole (Omeprazole) 20mg #60 DOS: 10/30/14: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The medical record dated 10-30-2014 indicated that the injured worker had gastrointestinal complaints with use of Norco

(hydrocodone-APAP). Since Nebumetone is not authorized for use, the request is not medically necessary.

**Retrospective Zolpidem 10mg #30 DOS: 10/30/14: 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).

**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 MTUS does not address Ambien. The Official Disability Guidelines (ODG) state that Ambien (zolpidem) is approved for short term use, usually 2-6 weeks, treatment of insomnia, and should be used for only a short period of time. The treating physician documented in the report dated 10-30-2014 that the Ambien (zolpidem) was prescribed for anxiety and muscle spasms. He noted improvement in insomnia and basic activities of daily living. The injured worker has been prescribed zolpidem since at least 01-21-2014. The injured worker has been prescribed this medication on a long term basis which is not supported by the recommended guidelines. Therefore the request for retrospective zolpidem 10mg #30 (DOS 10/30/14) is not medically necessary.