

Case Number:	CM15-0148584		
Date Assigned:	08/12/2015	Date of Injury:	07/23/2010
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with an industrial injury dated 07-23-2010. The injured worker's diagnoses include cervical radiculopathy, post laminectomy syndrome of cervical region, cervical facet syndrome, cervical spondylosis with and without myelopathy, cervical stenosis, mild cervical protraction, and moderate hyper-reflexia, history of tobacco use and toxic effect of tobacco. Treatment consisted of diagnostic studies, prescribed medications, cervical epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 07-10-2015, the injured worker reported ongoing neck pain. The injured worker also reported that his most troubling symptom starts at the upper back with radiation to bilateral lower extremities. The injured worker rated current pain a 4 out of 10, a 6 out of 10 at worse, and a 2 out of 10 with medications. Objective findings revealed moderate pain, limited cervical range of motion, mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral cervical paraspinal muscles and bilateral trapezii. Positive Spurling's sign, positive provocative loading maneuvers and positive Hoffman's sign were also noted on exam. The treatment plan consisted of medication management, home exercise therapy, cervical epidural steroid injection (ESI) and follow up visit. The treating physician prescribed Relafen, Orphenadrine, Omeprazole and Zolpidem, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with neck pain. The request is for RELAFEN. The request for authorization is not provided. The patient is status post cervical transforaminal epidural steroid injection, 08/12/15. Physical examination of the cervical spine reveals there is mild cervical protraction with corresponding loss of cervical lordosis. Surgical scar. Range of motion is reduced. There is mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral cervical paraspinal muscles. There is mild tight band mild spasm mild hypertonicity moderate tenderness along the bilateral trapezii. Spurling's and provocative loading maneuvers are moderately positive. Hoffman's sign is positive for moderate right upper limb hyper-reflexia. Pin-prick exam reveals diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral C6 and left C7 root distribution. His most troubling symptom starts at the upper back and radiates to his bilateral upper arm. The patient states that the neck and arm pain represent about 50% and 50% respectively. Patient received instructions on structured home exercises. His current pain is 4/10. His worse pain over the past week has been 6/10. His pain when taking medications has been 2/10. Patient's medications include Relafen, Norco, Pamelor, Prilosec, Orphenadrine and Ambien. Per progress report dated 07/10/15, the patient is on modified work duties as per AME. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: "Anti-inflammatories 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 07/10/15, treater's reason for the request is "For anti-inflammatory effects and mild to moderate pain relief." Patient has been Relafen since at least 06/10/14. MTUS supports the use of anti-inflammatories and page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when using it for chronic pain. Per progress report dated 07/10/15, treater notes, the patient reports significant pain relief. In addition, he also reports less inflammation and reduce swelling with functional improvements (basic activities of daily living such as dressing and undressing, sitting time, sleeping, standing time and walking). In this case, treater has adequately documented medication efficacy as required by MTUS and the request appears reasonable. However, treater does not specify the requested quantity. Guidelines do not support open-ended requests. Therefore, the request IS NOT medically necessary.

Orphenadrine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

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

Decision rationale: The patient presents with neck pain. The request is for ORPHENADRINE. The request for authorization is not provided. The patient is status post cervical transforaminal epidural steroid injection, 08/12/15. Physical examination of the cervical spine reveals there is mild cervical protraction with corresponding loss of cervical lordosis. Surgical scar. Range of motion is reduced. There is mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral cervical paraspinal muscles. There is mild tight band mild spasm mild hypertonicity moderate tenderness along the bilateral trapezii. Spurling's and provocative loading maneuvers are moderately positive. Hoffman's sign is positive for moderate right upper limb hyper-reflexia. Pin-prick exam reveals diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral C6 and left C7 root distribution. His most troubling symptom starts at the upper back and radiates to his bilateral upper arm. The patient states that the neck and arm pain represent about 50% and 50% respectively. Patient received instructions on structured home exercises. His current pain is 4/10. His worse pain over the past week has been 6/10. his pain when taking medications has been 2/10. Patient's medications include Relafen, Norco, Pamelor, Prilosec, Orphenadrine and Ambien. Per progress report dated 07/10/15, the patient is on modified work duties as per AME. MTUS Guidelines page 63 states, recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per progress report dated 07/10/15, treater's reason for the request is "For anti- spasmotic effect to treat muscle spasm." Patient has been prescribed Orphenadrine since at least 06/10/14. In this case, the patient continues with neck pain, and treater discusses the efficacy of Orphenadrine on the patient's pain. However, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. The request for additional Orphenadrine would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain. The request is for OMEPRAZOLE. The request for authorization is not provided. The patient is status post cervical transforaminal epidural steroid injection, 08/12/15. Physical examination of the cervical spine reveals there is mild cervical protraction with corresponding loss of cervical lordosis. Surgical scar. Range of motion is reduced. There is mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral cervical paraspinal muscles. There is mild tight band mild spasm mild hypertonicity moderate tenderness along the bilateral trapezii. Spurling's and provocative loading maneuvers are moderately positive. Hoffman's sign is positive for moderate right upper limb hyper-reflexia. Pin-prick exam reveals diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral C6 and left C7 root distribution. His most troubling symptom starts at the upper back and radiates to his bilateral upper arm. The patient states that the neck and arm pain represent about 50% and 50% respectively. Patient received instructions on structured home exercises. His current pain is 4/10. His worse pain over the past week has been 6/10. his pain when taking medications has been 2/10. Patient's medications include Relafen, Norco, Pamelor, Prilosec, Orphenadrine and Ambien. Per progress report dated 07/10/15, the patient is on modified work duties as per AME.MTUS pg 69, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 07/10/15, treater's reason for the request is "For anti-acid effect to treat GI irritation/reflux." The patient has been prescribed Omeprazole since at least 10/10/14. In this case, the patient has been prescribed Relafen, an NSAID. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are, and why she needs to continue. Furthermore, the request for Relafen has not been authorized. The request does not meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.

Zolpidem: 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), Zolpidem (Ambien).

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) Chapter, under Zolpidem (Ambien).

Decision rationale: The patient presents with neck pain. The request is for ZOLPIDEM. The request for authorization is not provided. The patient is status post cervical transforaminal epidural steroid injection, 08/12/15. Physical examination of the cervical spine reveals there is

mild cervical protraction with corresponding loss of cervical lordosis. Surgical scar. Range of motion is reduced. There is mild tight band, moderate spasm, mild hypertonicity and moderate tenderness along the bilateral cervical paraspinal muscles. There is mild tight band mild spasm mild hypertonicity moderate tenderness along the bilateral trapezii. Spurling's and provocative loading maneuvers are moderately positive. Hoffman's sign is positive for moderate right upper limb hyper-reflexia. Pin-prick exam reveals diminished sensation with dysesthesias, hyperpathia, paresthesias along the bilateral C6 and left C7 root distribution. His most troubling symptom starts at the upper back and radiates to his bilateral upper arm. The patient states that the neck and arm pain represent about 50% and 50% respectively. Patient received instructions on structured home exercises. His current pain is 4/10. His worse pain over the past week has been 6/10. his pain when taking medications has been 2/10. Patient's medications include Relafen, Norco, Pamelor, Prilosec, Orphenadrine and Ambien. Per progress report dated 07/10/15, the patient is on modified work duties as per AME.ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per progress report dated 07/10/15, treater's reason for the request is "For anxiolytic effect to treat anxiety and muscle spasm." Patient has been prescribed Ambien since at least 06/01/14. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.