

Case Number:	CM15-0160223		
Date Assigned:	08/26/2015	Date of Injury:	08/20/2006
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on August 20, 2006. He reported low back pain, right shoulder pain, right elbow pain and pain radiating down the right lower extremity. The injured worker was diagnosed as having musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, lumbar and sacral disc bulges, lateral epicondylitis of the right elbow, tendinitis of the right elbow, upper lumbar kyphosis, degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar disc herniation, status post rotator cuff repair of the right shoulder, right shoulder capsulitis, right shoulder glenoid labral tear, loose body of the right shoulder, status post right shoulder arthroscopy and injection of Depo Medrol into the sub deltoid bursa on July 25, 2007. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, physical therapy, E-Stimulation, inversion table, surgical intervention of the right shoulder, medications and work restrictions. Currently, the injured worker continues to report low back pain with pain radiating down the right lower extremity, right shoulder pain and right elbow pain with associated sleep disruptions secondary to pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain as noted rated at 8-9 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on May 14, 2015, revealed continued pain as noted with associated symptoms. He reported increasing lower extremity pain radiating down bilateral lower extremities. He rated his pain at 8-9 on a scale of 1-10 with 10 being the worst. Medications including Tramadol, Orphenadrine, Zolpidem

and Naproxen were continued. Evaluation on July 22, 2015, revealed continued pain as noted. He rated his low back pain at 9 on a 1-10 scale with 10 being the worst, his right shoulder pain at 8 and his right elbow pain at 6 on a 1-10 scale with 10 being the worst. He reported he was not attending therapy and that therapy was ineffective. He reported the pain continued to radiate down the right leg making it difficult to sleep. Medications including the requested were continued. Naproxen Sodium 550mg, #60 twice a day with 5 refills, Orphenadrine 100mg, #60 twice a day with 5 refills, Tramadol 50mg, #200, 1-2 times a day as needed with 4 refills, Tramadol 50mg, #200, 1-2 times a day as needed with 4 refills and Zolpidem 10mg #30 1 tab at bedtime with 4 refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30 1 tab at bedtime with 4 refills: 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), Pain, Insomnia Treatment.

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: California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short acting, non-benzodiazepine hypnotic, which is recommended for short-term use (7-10 days), for the treatment of insomnia. Sleep aides and anti-anxiety medications are habit forming and intended for short term use. It was noted the injured worker had poor sleep. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Additionally the amount of the medication requested suggested the intention of long term use. For these reasons, Ambien 10mg # 30 is not medically necessary.

Orphenadrine 100mg, #60 twice a day with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the California (CA) MTUS Guidelines, Norflex (Orphenadrine Citrate) is a muscle relaxant with anticholinergic effects used to decrease muscle spasms and conditions such as low back pain. The CA MTUS recommended "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". It was noted in the documentation, pain and radicular symptoms worsened over time after the addition of Norflex to the medication regiment. In addition there were no goals for short term use of the medication noted. For these reasons, the request for Orphenadrine 100mg, #60 twice a day with 5 refills is not medically necessary.

Tramadol 50mg, #200, 1-2 times a day as needed with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting synthetic opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed centrally-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no functional improvement or improved pain noted during the duration of the prescription for Tramadol. Furthermore, the amount requested indicates the intention of long term use. For these reasons, the request for Tramadol 50mg, #200, 1-2 times a day as needed with 4 refills is not medically necessary.

Naproxen Sodium 550mg, #60 twice a day with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California (CA) MTUS Guidelines, Naproxen is a nonsteroidal anti-inflammatory (NSAID) used as an option for short-term symptomatic relief. The CA MTUS recommends the use NSAIDS at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. In this case, the injured worker had been prescribed the NSAID for months with no indication of improved pain or increased function. In addition, the injured worker continued to require work restrictions. Furthermore the amount of the NSAID prescribed indicated the intention of long-term use. For these reasons, the request for Naproxen Sodium 550mg, #60 twice a day with 5 refills is not medically necessary.