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| Case Number: | CM15-0162607 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 01/19/1996 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year old woman sustained an industrial injury on 1-19-1996 after reaching for something and falling off her chair, then hitting her head. Evaluations include lumbar spine MRIs dated 3-12-2015 and 8-11-2010 and cervical spine MRIs dated 9-3-2002 and 7-5-2000. Diagnoses include lumbar radiculopathy and lumbar disc disorder. Treatment has included oral medications and transforaminal epidural steroid injection. Physician notes dated 8-3-2011 show complaints of increased low back pain with radiation to the bilateral lower extremities and cervical spine pain. The worker rates her pain 6 out of 10 without medications and 3 out of 10 with medications. Recommendations include Norco, Orphenadrine, Ambien, low back consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Zolpidem.

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 (insomnia medications).

Decision rationale: CA/MTUS does address the use of Ambien for insomnia. ODG states that Ambien is a short-acting benzodiazepine hypnotic. Long-term use can lead to dependency, decreased memory and impaired functioning. In this case, Ambien has been used for an extended period of time, rather than the short-term (2 weeks or less) recommended time period. No documentation of medical necessity has been submitted to justify the continued use of Ambien. In addition, the request does not specify the milligram or frequency of use. In an elderly patient, the dose should be no more than 5 mg daily. Therefore, based on the above findings, the request is not medically necessary or appropriate.

Orphenadrine: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that muscle relaxants for pain are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependency. In this case, the request is for Orphenadrine, however the milligram or dosage frequency is not specified. The request for long-term use of this medication is not medically necessary or appropriate.