

Case Number:	CM15-0165616		
Date Assigned:	09/03/2015	Date of Injury:	07/08/2009
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 45-year-old female, who sustained an industrial injury on July 8, 2009, incurring low back and bilateral knee injuries. She was diagnosed with lumbosacral neuritis, and joint sprains. X rays of the knees revealed mild spurring in the right knee. Treatment included physical therapy and home exercise program, pain medications, muscle relaxants, sleep aides, laxatives, topical analgesic patches, and activity restrictions. Currently, the injured worker complained of persistent severe low back pain. She noted persistent muscle spasms restricting her activities of daily living. She complained of balance problems, poor concentration, and memory loss, loss of sleep, anxiety, constipation, weakness and depression. The treatment plan that was requested for authorization included prescriptions for Ambien, Norflex, and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 Dispensed 07/27/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 dispensed July 27, 2015 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are neuritis lumbosacral NOS; pain in joint forearm; pain in joint lower leg; psychogenic pain NEC; and chronic pain NEC. The date of injury is July 8, 2009. Request for authorization is July 29, 2015. A urine drug toxicology screen dated March 26, 2015 was inconsistent. The injured worker declared Ambien and fentanyl. There was no Ambien or fentanyl detected. However, methadone was present in the urine specimen. The injured worker denied using methadone. A peer-to-peer conference call indicated Norflex was started March 15, 2015 after a Flexeril trial. Ambien first appeared in the urine drug toxicology screen dated March 26, 2015. There is no start date specified in the record. Senokot was started May 29, 2015. The most recent progress dated July 27, 2015 shows the treating provider continues to prescribe fentanyl, Norflex, Docusate and Senokot. There is no documentation demonstrating objective functional improvement as it relates to Ambien. Ambien is recommended for short-term (7-10 days) Ambien was prescribed in excess of four months. There are no compelling clinical fact support ongoing Ambien. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of four months without compelling clinical facts to support its use, and no documentation demonstrating objective functional improvement, Ambien 5 mg #30 dispense July 27, 2015 is not medically necessary.

Orphenadrine - Norflex ER 100mg, #90: 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 Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine-Norflex ER 100 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and 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 dependence. In this case, the injured worker's working diagnoses are neuritis lumbosacral NOS; pain in joint forearm; pain in joint lower leg; psychogenic pain NEC; and chronic pain NEC. The date of injury is July 8, 2009. Request for authorization is July 29, 2015. A urine drug toxicology screen

dated March 26, 2015 was inconsistent. The injured worker declared Ambien and fentanyl. There was no Ambien or fentanyl detected. However, methadone was present in the urine specimen. The injured worker denied using methadone. A peer-to-peer conference call indicated Norflex was started March 15, 2015 after a Flexeril trial. Ambien first appeared in the urine drug toxicology screen dated March 26, 2015. There is no start date specified in the record. Senokot was started May 29, 2015. The most recent progress dated July 27, 2015 shows the treating provider continues to prescribe fentanyl, Norflex, Docusate and Senokot. There is no documentation demonstrating objective functional improvement as it relates to Orphenadrine-Norflex. Orphenadrine-Norflex is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Norflex was prescribed as far back as March 15, 2015 and continued through the July 27, 2015 progress note (four months). The guidelines recommend short-term (less than two weeks). There were no compelling clinical facts in the medical record to support the use of Norflex. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued well in excess of the recommended guidelines (4 months) for short-term (less than two weeks) use, Orphenadrine-Norflex ER 100 mg #90 is not medically necessary.

Senokot-S 8.6-50mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/senokot.html>.

Decision rationale: Pursuant to Medline plus, Senokot-S 8.6/50mg #60 is not medically necessary. Senokot is a stimulant laxative. It also is used to empty the bowels before surgery and certain medical procedures. Senna is in a class of medications called stimulant laxatives. In this case, the injured worker's working diagnoses are neuritis lumbosacral NOS; pain in joint forearm; pain in joint lower leg; psychogenic pain NEC; and chronic pain NEC. The date of injury is July 8, 2009. Request for authorization is July 29, 2015. A urine drug toxicology screen dated March 26, 2015 was inconsistent. The injured worker declared Ambien and fentanyl. There was no Ambien or fentanyl detected. However, methadone was present in the urine specimen. The injured worker denied using methadone. A peer-to-peer conference call indicated Norflex was started March 15, 2015 after a Flexeril trial. Ambien first appeared in the urine drug toxicology screen dated March 26, 2015. There is no start date specified in the record. Senokot was started May 29, 2015. The most recent progress dated July 27, 2015 shows the treating provider continues to prescribe fentanyl, Norflex, Docusate and Senokot. Subjectively, the injured worker complained of constipation. There is no documentation demonstrating objective functional improvement as it relates to improvements in constipation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation-demonstrating objective functional improvement to support ongoing Senokot with Docusate, Senokot-S 8.6/50mg #60 is not medically necessary.