

<b>Case Number:</b>	CM15-0165639		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	11/14/1996
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 14, 1996. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for Ambien and Norflex. An August 11, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. In a 6-page appeal letter dated August 11, 2015, the attending provider appealed previously denied Ambien and Norflex. In an associated progress note dated June 19, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy. The applicant was using Ambien for insomnia. A refill of the same was sought. The applicant was also using Percocet up to three times daily, it was reported. The applicant had developed derivative complaints of depression and anxiety, it was stated in various sections of the note. The applicant's complete medications included Valium, Ambien, Percocet, Baclofen, Protonix, Motrin, and Docuprene, it was reported. Multiple medications were renewed. The applicant's permanent work restrictions were renewed. The treating provider suggested that the applicant was not in fact working with said limitations in place, noting that the applicant had "permanent disability."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg, per 08/11/15 order, #30: 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, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In a similar vein, ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Ambien, in effect, represented treatment, which ran counter to both the FDA label and the ODG position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate sedative agents, Ambien and Valium. Therefore, the request was not medically necessary.

**Orphenadrine/Norflex ER 100mg #90, per 08/11/15 order: 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:** Similarly, the request for Norflex, a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second-line option to combat acute exacerbations of chronic low back pain, here, however, the 90-tablet renewal request for Norflex, in effect, represented chronic, long-term, and/or thrice daily usage of the same, i.e., usage which ran counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

