

<b>Case Number:</b>	CM15-0166463		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/24/2015
<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: 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:

This 48 year old man sustained an industrial injury on 8-23-2006. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays dated 5-4-2015 and 1-14-2010, cervical spine CT scan dated 4-19-2015, cervical spine MRI dated 3-15-2008 and 2-11-2008, and electromyogram of the bilateral upper extremities dated 3-10-2014. Diagnoses include cervical disc displacement, disorders of the sacrum, post-laminectomy syndrome, and sciatica. Treatment has included oral medications. Physician notes dated 7-7-2015 show complaints of chronic neck and back pain with radiation to the bilateral upper extremities. The worker rates his pain 8 out of 10 without medications and 4 out of 10 with medications. Recommendations include surgical intervention, Buprenorphine, Capsaicin cream, Ketamine cream, Protonix, and follow up in four to five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 3 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 (Acute & Chronic), 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 Chapter, under Zolpidem (Ambien).

**Decision rationale:** The patient presents on 07/07/15 with chronic neck and back pain. The patient's date of injury is 08/23/06. Patient is status post anterior cervical discectomy at C5-6 and C6-7 on 08/05/08. The request is for AMBIEN 10MG #30 WITH 3 REFILLS. The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the cervical paraspinal musculature with muscle tension and reduced range of cervical motion noted in all planes. The patient is currently prescribed Phenergan, Capsaicin, Ketamine, Ambien, Morphine, Norflex, Protonix, Norco, and Simvastatin. Patient is currently classified as permanent and stationary, is disabled. Official Disability Guidelines, Pain 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. In regard to the continuation of Ambien for this patient's insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 05/05/15, with documented benefits. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets with three refills in addition to prior use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

**Orphenadrine (Norflex ER) 100mg #180:** 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).

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

**Decision rationale:** The patient presents on 07/07/15 with chronic neck and back pain. The patient's date of injury is 08/23/06. Patient is status post anterior cervical discectomy at C5-6 and C6-7 on 08/05/08. The request is for ORPHENADRINE (NORFLEX ER) 100MG #180. The RFA was not provided. Physical examination dated 07/07/15 reveals tenderness to palpation of the cervical paraspinal musculature with muscle tension and reduced range of cervical motion noted in all planes. The patient is currently prescribed Phenergan, Capsaicin, Ketamine, Ambien, Morphine, Norflex, Protonix, Norco, and Simvastatin. Patient is currently classified as permanent and stationary, is disabled. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 states the following: 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 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 drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In regard to the continuation of Orphenadrine, the requesting physician has exceeded guideline recommendations. Per MTUS guidelines, a short course of muscle relaxants may be warranted for reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This patient has been prescribed Orphenadrine since at least 05/05/15, with documented benefits. However, the requested 180 tablets in addition to prior use does not imply the intent to limit this medication to a 2-3 week duration and therefore cannot be substantiated. Therefore, the request IS NOT medically necessary.