

<b>Case Number:</b>	CM15-0196662		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 67 year old female with an industrial injury dated 07-19-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, lumbar myofascial strain, cervical myofascial strain, cervical facet arthropathy, cervical stenosis, bilateral knee degenerative joint disease, cervical herniated nucleus pulposus, bilateral chondromalacia patella, and left knee meniscal tear. According to the progress note dated 09-02-2015, the injured worker reported bilateral knee pain, lower back pain and neck pain with radiation into her left shoulder. Pain level was 8 out of 10 for low back and a 6-8 out of 10 for the neck on a visual analog scale (VAS). The injured worker reported that the Oxycodone decreased the pain from 8-9 out of 10 to a 6-7 out of 10. The injured worker reported that the medications help to increase activity level and improve sleep. Current Medications include Oxycodone, Lunesta, Norflex and Senna. Objective findings (09-02-2015) revealed decreased sensation in the left C6 dermatome to light touch, hypertonicity in the bilateral paraspinals at C2-6, bilateral trapezii, and bilateral L3-L5 paraspinals. There was tenderness to palpitation of bilateral C2-C6, bilateral trapezii, bilateral rhomboid muscles, bilateral medial knee joint lines and right lumbar paraspinals. There was limited cervical flexion and bilateral rotation. Treatment has included MRI of the lumbar spine dated 10-26-2011, MRI of the cervical spine dated 10-19-2011, MRI of the right shoulder on 10-18-2011, MRI of the bilateral knee 10-17-2011, MRI of the right wrist, prescribed medications, 8 sessions of physical therapy (6 months of physical therapy for neck with significant relief), 3-4 sessions of massage therapy, chiropractic therapy, acupuncture therapy, heat packs, ice packs, transcutaneous electrical nerve stimulation (TENS)

unit, cortisone injections, scooter, and periodic follow up visits. The injured worker is not currently working. The treatment plan included medication management, left medial branch block, physical therapy and follow-up visit. The treating physician reported that the urine drug screen from 06-10-2015 and 08-05-2015 was consistent with prescribed medication. The treating physician prescribed services for urine drug screen, Orphenadrine Citrate 100 mg #60 and Lunesta 3 mg #30. The utilization review dated 09-14-2015, non-certified the request for urine drug screen, Orphenadrine Citrate 100 mg #60 and Lunesta 3 mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**Decision rationale:** MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Per the medical records, UDS dated 2/2015 and 6/2015 were consistent with prescribed medications. As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.

**Orphenadrine Citrate 100 mg #60:** Upheld

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

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

**Decision rationale:** With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Regarding Orphenadrine: 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. (Shariatmadari, 1975) As the guidelines do not recommend sedating muscle relaxants, the request is not medically necessary.

**Lunesta 3 mg #30:** 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 (Chronic), Insomnia Treatment.

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 7/2015. It was noted that the injured worker stated that this has greatly improved her sleep. She noted that her combination of medications greatly reduce her pain and increase her function and sleep. However, as the guidelines recommend sleep aids only for short-term use, the request is not medically necessary.