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| Case Number: | CM15-0029095 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 07/03/1996 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 3, 1996. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve request for Norco, Norflex, and Ambien. The claims administrator referenced a January 6, 2015 progress note in its determination. Ongoing complaints of neck pain were noted. The applicant was described as having failed a cervical laminectomy surgery. The applicant's attorney subsequently appealed. In a handwritten RFA form dated January 6, 2015, Opana, Norco, Neurontin, Norflex, Lidoderm, and Ambien were all endorsed. In an associated progress note of the same date, January 6, 2015, the applicant reported moderate-to-severe neck pain which was "not getting any better". The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The attending provider stated that he was seeking authorization for an intrathecal pain pump and associated psychiatric evaluation on the grounds that the applicant had not improved markedly as a result of ongoing medication consumption in another section of the note. The applicant's medications included Opana, Norco, Neurontin, orphenadrine, lidocaine, and Ambien. The applicant's work status was not furnished at the bottom of the report, although it did not appear that the applicant was working. In a June 9, 2014 psychological evaluation, the applicant's psychologist acknowledged that the applicant was not working, had no plans of returning to work, and had not worked since 2001. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, despite ongoing Norco usage. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, the treating provider acknowledged, despite ongoing Norco usage. The applicant's failure to return to work, coupled with the attending provider's failure to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage, in short, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Orphenadrine ER 100 MG #90: Upheld

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

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

Decision rationale: Similarly, the request for orphenadrine (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 orphenadrine (Norflex) are recommended with caution as second-line option to combat short-term exacerbations of chronic low back pain, in this case, however, the 90-tablet supply of orphenadrine at issue represents, chronic, long-term, daily, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is incidentally noted that the applicant's primary pain generator, moreover, appears to be the neck rather than the low back. Therefore, the request was not medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08
HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use AMBIEN safely and effectively. See full prescribing information for AMBIEN-----
-----**INDICATIONS AND USAGE**-----Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, the request for Ambien (zolpidem), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, 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 clear or compelling evidence to support such usage. Here, however, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request in question represented a renewal request for Ambien. The request, thus, is at odds with the FDA label. The attending provider did not furnish any clear or compelling applicant-specific rationale which would support such usage. Therefore, the request was not medically necessary.