

<b>Case Number:</b>	CM15-0032382		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/07/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 54 year old male injured worker suffered and industrial injury on 4/7/2001. The diagnoses were lumbar spondylosis and thoracic/lumbosacral radiculopathy. The diagnostic study was lumbar magnetic resonance imaging. The treatments were viscosupplementation injections and medications. The treating provider reported significant knee pain with decrease in narcotic medication. The injured worker required the use of a cane for gait instability and reduced lumbar flexion along with muscle spasms. The straight leg raise was positive. The Utilization Review Determination on 2/11/2015 non-certified: 1. Norflex 100 mg, thirty count, MTUS 2. Ambien 10 mg, thirty count, ODG 3. Omeprazole 20 mg, thirty count, MTUS 4. Celebrex 200 mg, thirty count, MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**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) 100 mg #30 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 diagnoses are lumbosacral spondylosis; and thoracic/lumbosacral radiculopathy. The documentation indicates Orphenadrine has been prescribed as far back as June 26, 2014. The brief progress notes indicate the injured worker is taking the muscle relaxant for muscle tightness and spasms. However, the documentation does not contain evidence of objective functional improvement over an approximate seven-month period. Additionally, Orphenadrine is indicated for short-term (less than two weeks). The drug is been used in excess of six months. The treating physician has exceeded the recommended guidelines for muscle relaxant use. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines to gauge Orphenadrine's long-term efficacy, Norflex (Orphenadrine) 100 mg #30 is not medically necessary.

**Ambien 10 mg, thirty count:** 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 Chapter.

**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, Zolpidem (Ambien).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 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 long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are diagnoses are lumbosacral spondylosis; and thoracic/lumbosacral radiculopathy. The documentation states Ambien is prescribed to help regulate the injured worker's sleep pattern. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. It can be habit forming and may impair function and memory more than opiates. Ambien was started June 4, 2014. The treating physician has prescribed Ambien in excess of the recommended guidelines for short-term use (7 to 10 days). There is no compelling clinical documentation for its continued use. Additionally, there is no evidence of objective functional improvement with prolonged Ambien use. Consequently, absent compelling clinical documentation with objective functional improvement, Ambien 10 mg #30 is not medically necessary.

**Omeprazole 20 mg, thirty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are diagnoses are lumbosacral spondylosis; and thoracic/lumbosacral radiculopathy. The documentation indicates the injured worker suffers with nonsteroidal anti-inflammatory induced dyspepsia. Omeprazole was started June 4, 2014 (according to the documentation in the record), however, there is no documentation of objective functional improvement with its continued prolonged use. Dyspepsia due to non-steroidal anti-inflammatory drugs may be treated by changing non-steroidal anti-inflammatory drugs from one drug to another drug, discontinuing the non-steroidal anti-inflammatory drug (altogether) or starting an H2 receptor blocker. Consequently, absent clinical documentation with objective functional improvement of long-term Omeprazole, Omeprazole 20 mg #30 is not medically necessary.

**Celebrex 200 mg, thirty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX 2 non-steroidal anti-inflammatory drugs have fewer G.I. side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are diagnoses are lumbosacral spondylosis; and thoracic/lumbosacral radiculopathy. The documentation indicates Celebrex was started June 4, 2014. There is no documentation in the medical records indicating failed treatment with

Non-selective non-steroidal anti-inflammatory drugs. Additionally, the treating physician indicated the injured worker had anti-inflammatory induced dyspepsia but not non-steroidal anti-inflammatory induced gastritis, peptic disease or concurrent use of aspirin. There is no contraindication to a nonselective (ibuprofen, naproxen, etc.) anti-inflammatory drug. Additionally, there was no documentation containing objective functional improvement with long-term use Celebrex. Consequently, absent compelling clinical documentation with objective functional improvement with additional clinical evidence of a contraindication to a nonselective non-steroidal anti-inflammatory drug, Celebrex 200 mg #30 is not medically necessary.