

Case Number:	CM15-0084214		
Date Assigned:	05/06/2015	Date of Injury:	01/19/1996
Decision Date:	06/10/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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: Family Practice

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 68 year old female, who sustained an industrial injury on 1/19/1996. She reported muscle spasms causing her to slip from a chair. The injured worker was diagnosed as having lumbar disc disease and radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, trigger point injections, lumbar epidural steroid injection and medication management. In a progress note dated 4/8/2015, the injured worker complains of chronic low back pain that radiates into the right leg. Pain states medications are working well and pain with medication is rated 3/10 and without medication is 6/10. The treating physician is requesting Ambien and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the right buttock and lower extremity. The patient receives alprazolam, a benzodiazepine and Norco, which contains hydrocodone, an opioid. This review addresses a refill of Ambien, a hypnotic drug. The patient experienced a work-related injury on 01/19/1996. Other medical diagnoses include lumbar disc disease with radiation. Insomnia often accompanies major depression. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia, and can produce side effects such as hallucinations, and lead to dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. Ambien is medically approved for use in the treatment of insomnia for the short-term, usually less than 4 weeks. When treating chronic insomnia, it is important to look for other treatable causes, such as OSA, and to document trials of sleep hygiene. There is no such documentation. Based on the documentation, Ambien is not medically necessary.

Orphenadrine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for chronic pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the right buttock and lower extremity. The patient receives alprazolam, a benzodiazepine, and Norco, which contains hydrocodone, an opioid. The patient experienced a work-related injury on 01/19/1996. This review addresses a refill of orphenadrine, a muscle relaxant. Orphenadrine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Using orphenadrine over the long-term (more than 2-3 weeks) is not recommended. Side effects include sedation and medication dependence. Orphenadrine is not medically necessary.