

<b>Case Number:</b>	CM14-0126063		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 46-year-old male with a 12/20/11 date of injury. The mechanism of injury occurred when he was unloading a motor from his truck, he lost balance and the weight shifted onto his right shoulder. According to a progress report dated 7/16/14, the patient returned for evaluation of his right shoulder following arthroscopic subacromial decompression, Mumford procedure, coracoplasty, and in situ ulnar nerve release at the elbow. He still had some mild residual right ulnar nerve distribution numbness. The patient was to return in one month for evaluation. He takes Voltaren ER, Norflex, and Ambien on a regular basis which relieves the effects of his industrial injury and allows him to function at his current level. Diagnostic impression: upper limb pain, partial tears of rotator cuff, labral tears of shoulder. Treatment to date: medication management, activity modification, TENS unit, physical therapy. A UR decision dated 7/29/14 modified the request for Voltaren ER 100mg #30 with 3 refills to Voltaren ER 100mg #30 with zero refills and denied the requests for Norflex and Ambien. Regarding Voltaren, the patient has reported relief from the medication. In order to monitor this patient and the dosage, additional refills will not be certified at this time. Regarding Norflex, this patient is not diagnosed with any condition for which muscle relaxants are recommended, and has been taking the drug for several months longer than guidelines recommend. A specific rationale regarding the denial of Ambien was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren ER 100mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that "Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." There is no documentation that the patient has tried and failed a first-line NSAID medication. It is noted that the patient had previously taken Motrin, however, there is no documentation as to why the patient requires Voltaren instead. In addition, it is noted that the UR decision dated 7/29/14 certified a one-month supply of this medication. The most recent note stated that the patient was to return in 1 month for follow-up. There is no rationale provided as to why the patient would require a 4-month supply of medication at this time. Therefore, the request for Voltaren ER 100mg #30 with 3 refills is not medically necessary.

**Norflex (unspecified amount):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been on Norflex since at least 4/30/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Lastly, the strength and quantity are not noted in this request. Therefore, the request for Norflex (unspecified amount) is not medically necessary.

**Ambien (unspecified amount):** Upheld

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

**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, Ambien FDA (Ambien)

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that "Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia." Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports reviewed, the patient has been on Ambien since at least 5/19/14, if not earlier. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Lastly, the strength and quantity are not noted in this request. Therefore, the request for Ambien (unspecified amount) is not medically necessary.