

Case Number:	CM14-0144851		
Date Assigned:	09/12/2014	Date of Injury:	05/25/2010
Decision Date:	01/02/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 injured worker is a 66 year old male employee with date of injury of 5/25/2010. A review of the medical records indicate that the injured worker is undergoing treatment for status post right trigger thumb release, left thumb flexor tenosynovitis, active right C5 radiculopathy, lumbar spinal stenosis, status post bilateral carpal tunnel release (with recurrent moderate bilateral carpal tunnel syndrome). Subjective complaints include continued low back pain radiating to lower extremities along with neck pain and stiffness. Injured worker also experiences constant right shoulder pain and stiffness. Objective findings include exam of cervical spine revealing moderate tenderness to palpation bilateral paravertebral muscles from C4 to C7 and right trapezius muscles; bilateral weak grip strength; decreased sensation slightly bilaterally in the median nerve distribution. A physical exam of the lumbar spine revealed limited range of motion (flexion around 45, extension 15; some minimal L5-S1 dermatomal distribution dysesthesias bilateral lower extremities. Treatment has included home exercising and stretching and ice. Medications have included anti-inflammatories. The utilization review dated 8/22/2014 partially certified Ambien 10mg #30 with 2 refills (modified to 1-month supply for weaning) and Tylenol #3 300/30mg #60 with 2 refills (modified to 1-month supply for weaning), and non-certified Norflex 100mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 2 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, Insomnia Treatment

Decision rationale: The CA MTUS silent regarding this topic. ODG states that Zolpidem is a "short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia." There has been no discussion of the injured worker's sleep hygiene or the need for variance from the guidelines. Medical documents also do not include results of first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #30 with 2 refills is not medically necessary at this time.

Norflex 100mg #60 with 2 refills.: 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 Page(s): 63-65.

Decision rationale: Norflex is classified as a muscle relaxant. 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. 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." Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Orphenate, generic available): 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. MTUS guidelines recommend against the long term use of muscle relaxants. The treating physician has not provided documentation of acute muscle spasms, documentation of functional improvement while on Norflex, and the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for 1 Prescription of Norflex (Orphenadrine) 100 Mg #60 with 2 refills is not medically necessary.

Tylenol #3 300/30mg #60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for pain "except for short use for severe cases, not to exceed 2 weeks." The injured worker has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life." This injured worker is four years post injury and has ongoing pain. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, the treating physician did not detail the dosage and frequency of Tylenol #3. As such, certification for Tylenol #3 300/30mg #60 with 2 refills is not medically necessary.