

<b>Case Number:</b>	CM14-0219102		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 44 year old female who suffered an unknown work related injury on 11/11/05. Per the physician notes from 10/16/14 she was initially referred for complains of neck, bilateral shoulder, and wrist pain. On 10/16/14 she complained of moderate neck pain, in the bilateral head, scalp, anterior, lateral and posterior neck described as aching, discomforting, and sharp. Pain medications decreased the pain score from 8/10 to 7/10. Diagnoses include cervical spondylosis, cervical spinal stenosis, shoulder joint, neck and muscle pain, low back pain, insomnia, and headache. Medications include amitriptyline, Butrans patch, Lidoderm patch, Ultracet, orphenadrine, and Zolpidem. Zolpidem, Ultracet, Lidoderm patches, and orphenadrine were non-certified by the Claims Administrator on 12/16/14. The treatments were non-certified as the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The denied treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 5 MG, Take 1 Tab By Mouth Every Hour #90 with No 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter Pain (Chronic) and Topic Zolpidem

**Decision rationale:** The patient presents with constant, achy spasms and pain in the neck, right greater than left, that radiates from the cervical occipital junction to the upper back, as per progress report dated 11/06/14. The request is for ZOLPIDEM TARTRATE 5 mg, TAKE 1 TABLET BY ORAL ROUTE EVER DAY AT BEDTIME # 90 WITH NO REFILLS. The pain is rated at 7-9/10. The diagnoses includes insomnia, left shoulder impingement, chronic daily headaches, and migraine headaches. A 2012 MRI of the cervical spine reveals central C5-6 disc protrusion. Medications include Tramadol, Orphenadrine, Amytriptyline, Zolpidem, Lidoderm patch and Butrans. The patient is status post left shoulder arthroscopy on 04/14/14, as per progress report dated 10/16/14. She works with restrictions in a family business, as per progress report dated 11/06/14. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for 'short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain.' The guidelines also state 'They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term.' Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis."In this case, a prescription for Ambien (Zolpidem) is first noted in progress report dated 07/18/14, and the patient has been using the medication consistently since then. She has been diagnosed with insomnia. In progress report dated 10/16/14, the treater states that Ambien has not lost its efficacy and allows the patient to fall asleep within minutes. The patient can sleep for 3-4 hours at a stretch and sleep for another 3-4 hours subsequently. 'Without Ambien she would receive about 4 hours of sleep per night wakening 2-3 times.' While the medication is evidently having an impact on the patient's insomnia, she has been using it for a long time and the current request for 90 pills further exceeds the 7-10 day use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.

**Ultracet 37.5/325 MG 1 By Mouth BID-TID As Needed #270 with No Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with constant, achy spasms and pain in the neck, right greater than left, that radiates from the cervical occipital junction to the upper back, as per progress report dated 11/06/14. The request is for ULTRACET 37.5/325 mg, 1 BY MOUTH BID TID AS NEEDED # 270 WITH NO REFILLS. The pain is rated at 7-9/10. The diagnoses includes insomnia, left shoulder impingement, chronic daily headaches, and migraine headaches. A 2012 MRI of the cervical spine reveals central C5-6 disc protrusion. Medications include

Tramadol, Orphenadrine, Amytriptyline, Zolpidem, Lidoderm patch and Butrans. The patient is status post left shoulder arthroscopy on 04/14/14, as per progress report dated 10/16/14. She works with restrictions in a family business, as per progress report dated 11/06/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. For acetaminophen, MTUS guidelines on pages 11 and 12 state that 'Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. There is insufficient evidence to recommend one medication over the other.' The guidelines also point out that 'Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. (Roelofs-Cochrane, 2008). In this case, a prescription for Ultracet is first noted in progress report dated 07/18/14, and the patient has been using the opioid consistently at least since then. In progress report dated 10/16/14, the treater states that Tramadol helps 'reduce her pain and improve her function enough to complete ADLs.' Nonetheless, as per the same report, medications help reduce pain from 8/10 to 7/10. This one point change in the pain scale is not significant. Regarding ADLs, the treater states that without medications 'the patient is able to do simple chores around the house. Minimal activities outside of the home two days a week.' With medications the patient has to 'struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer.' Although the patient is working with restrictions in the family business, it appears that medications are not having a significant impact on her ADLs as well. In the same report, the treater states that the patient is routinely monitored for adherence with UDS and CURES. There is no documentation of side effects of opioid use. MTUS requires clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for chronic opioid use. Additionally, given the minimal impact of Ultracet on patient's pain and function, the request IS NOT medically necessary.

**Orphenadrine Citrate 100 MG 1 Tab By Mouth BID #180 with No Refills: Upheld**

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

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

**Decision rationale:** The patient presents with constant, achy spasms and pain in the neck, right greater than left, that radiates from the cervical occipital junction to the upper back, as per progress report dated 11/06/14. The request is for ORPHENADRINE CITRATE 100 mg 1 TAB BY MOUTH BID # 180 WITH NO REFILLS. The pain is rated at 7-9/10. The diagnoses includes insomnia, left shoulder impingement, chronic daily headaches, and migraine headaches. A 2012 MRI of the cervical spine reveals central C5-6 disc protrusion. Medications include Tramadol, Orphenadrine, Amytriptyline, Zolpidem, Lidoderm patch and Butrans. The patient is status post left shoulder arthroscopy on 04/14/14, as per progress report dated 10/16/14. She

works with restrictions in a family business, as per progress report dated 11/06/14. MTUS Guidelines pages 63 through 66 state 'recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain.' They also state 'This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects.' In this case, the patient has been taking Orphenadrine at least since 07/18/14. In progress report, the treater states that medications help reduce pain from 8/10 to 7/10. This one point change in the pain scale is not significant. Regarding ADLs, the treater states that without medications 'the patient is able to do simple chores around the house. Minimal activities outside of the home two days a week.' With medications the patient has to 'struggle but fulfills daily home responsibilities. No outside activities. Not able to work/volunteer.' Although the patient is working with restrictions in the family business, it appears that medications are not having a significant impact on her ADLs as well. Additionally, Orphenadrine is a sedating muscle relaxant and only short-term use is recommended per MTUS. Hence, the request IS NOT medically necessary.

**Lidoderm 5 Percent (700 MG/Patch ), Apply 1 Patch Transdermal 12 Hour/Day #90 with No Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** The patient presents with constant, achy spasms and pain in the neck, right greater than left, that radiates from the cervical occipital junction to the upper back, as per progress report dated 11/06/14. The request is for LIDODERM 5% ---- 700 mg/patch --- APPLY 1 PATCH TRANSDERMAL / 12 HOURS PER DAY # 90 WITH NO REFILLS. The pain is rated at 7-9/10. The diagnoses includes insomnia, left shoulder impingement, chronic daily headaches, and migraine headaches. A 2012 MRI of the cervical spine reveals central C5-6 disc protrusion. Medications include Tramadol, Orphenadrine, Amytriptyline, Zolpidem, Lidoderm patch and Butrans. The patient is status post left shoulder arthroscopy on 04/14/14, as per progress report dated 10/16/14. She works with restrictions in a family business, as per progress report dated 11/06/14. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 07/18/14. The patient has received the patch consistently since then. The patient has cervical pain with no radiculopathy, as per progress report dated 11/06/14. There is no other potential diagnosis of neuropathy and the patient does not present with

peripheral and localized neuropathic pain for which topical Lidocaine patches are indicated per guidelines. The request IS NOT medically necessary.