

Case Number:	CM15-0003305		
Date Assigned:	01/14/2015	Date of Injury:	07/07/2009
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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:

This 57 year old male sustained a work related injury on 07/07/2009. According to a progress report dated 12/04/2014, there was no significant improvement since the last exam. He was having difficulty sleeping and getting less than 4 hours of sleep at night. Physical examination of the cervical spine revealed paravertebral muscles were tender. Spasm was present. Range of motion was restricted. Spurling's test was positive on the right. Sensation and motor strength were grossly intact. Examination of the lumbar spine revealed paravertebral muscles were tender. Spasm was present. There was a well-healed scar over the lumbar area. Straight leg raising test was positive bilaterally. Sensation was reduced in the left S1 dermatomal distribution. Impression was lumbar radiculopathy and post-surgical status not elsewhere classified. Treatment plan included Zolpidem Tartrate, Orphenadrine, Ketoprofen, Omeprazole and Hydrocodone and a sleep study. On 12/16/2014, Utilization Review non-certified Zolpidem tartrate 10mg #30, Orphenadrine ER 100mg #60, refills 2 and Ketoprofen 75mg #30, refills 2. In regards to Zolpidem tartrate, use of this medication does not fall within the recommended 2-6 week duration for use and use beyond the 2-6 week period may result in further functional impairment, increased pain levels and levels of depression, which would be counterproductive in the current clinical situation. Documentation further does not describe failure of behavioral interventions included following sleep hygiene techniques. In regard to Orphenadrine, chronic use is not supported by guidelines and there was no documentation of significant functional/vocational benefit with the use of muscle relaxants. In regard to Ketoprofen, ongoing chronic use of nonsteroidal anti-inflammatory drugs is not supported. Guidelines cited for this

review included CA MTUS Chronic Pain Medical Treatment Guidelines Nonsteroidal Anti-inflammatory Drugs for reference to Ketoprofen, Muscle Relaxants for reference to Orphenadrine and Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter for reference to Zolpidem tartrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg #30: 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), Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Formulary, have the following regarding Ambine for insomnia

Decision rationale: The patient presents with pain and muscle spasms in his neck and lower back. The patient presents with sleeping problems also. The request is for Zolpidem Tartrate 10mg #30. Regarding work status, the treater simply states that the patient may return to his prior unrestricted work. ODG guidelines, Drug Formulary, have the following regarding Ambine for insomnia: "Zolpidem --Ambien --generic available--, Ambien CR-- is indicated for the short-term treatment of insomnia with difficulty of sleep onset --7-10 days--. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has been suffering from sleeping problems, for which this medication may be indicated. However, there is no indication that this medication is to be used for a short-term. The review of the reports shows that the patient has been utilizing Zolpidem tartrate since at least 09/12/13. The ODG guidelines support only short-term use of this medication, in most situations no more than 7-10 days. The request IS NOT medically necessary.

Orphenadrine ER 100mg #60, refills: 2: 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): 63-66.

Decision rationale: The patient presents with pain and muscle spasms in his neck and lower back. The request is for Orphenadrine ER 100mg #60 with 2 refills. Regarding muscle relaxants, the MTUS Guidelines page 63 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." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with

NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. This patient has been utilizing Orphenadrine ER since at least 09/12/13. None of the reports included in this file discuss medication efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given that the treater has prescribed this medication for long term use, the request of Orphenadrine ER with 2 refills IS NOT medically necessary.

Ketoprofen 75mg #30, refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

Decision rationale: The patient presents with pain and muscle spasms in his neck and lower back. The request is for Ketoprofen 75mg #30 with 2 refills. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. This patient has been utilizing Ketoprofen since at least 02/08/11. None of the reports included in this file discuss medication efficacy. It is not known whether or not this medication is making a difference in this patient's pain and function. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The requested Ketoprofen IS NOT medically necessary.