

Case Number:	CM15-0016044		
Date Assigned:	02/04/2015	Date of Injury:	05/25/2012
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on May 25, 2012. He has reported low back pain with stiffness radiating down both legs and has been diagnosed with lumbar radiculopathy, lumbar sprain/strain, anxiety and depression. Treatment has included chiropractic care, psychotherapy, medications, and physical therapy. Progress report dated December 11, 2014 showed decreased range of motion of the lumbar spine with tenderness to palpation of the bilateral S1 joints, coccyx, lumbar paravertebral muscles and sacrum. Treatment has included pain management. On December 31, 2014 Utilization Review non certified 90 tablets of Norflex 100 mg, 60 tablets of Naproxen 550 mg, and 30 tablets of Zolpidem 10 mg citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: Per the 12/03/14 report the patient presents with lower back pain. The current request is for RETRO NORFLEX 100 mg #90 Orphenadrine. The RFA is not included. The 12/31/14 utilization review states the retro period is 12/03/14. As of 12/11/14 the patient is instructed to return to modified work; however, it is not clear if the patient is currently working. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The reports provided for review show that the patient is documented with chronic LBP and that this is a second line option as the patient is prescribed an NSAID naproxen. However, this medication is indicated for short term treatment of acute exacerbations, and the patient has been prescribed Norflex on a long-term basis since at least 09/10/14. Lacking recommendation by guidelines, the request IS NOT medically necessary.

Retro Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Per the 12/03/14 report the patient presents with lower back pain. The current request is for RETRO NAPROXEN 550 mg #60. The RFA is not included. The 12/31/14 utilization review states the retro period is 12/03/14. As of 12/11/14 the patient is instructed to return to modified work; however, it is not clear if the patient is currently working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also states comprehensive clinical trials supports NSAIDS in lower back pain. This medication is indicated as a first line treatment for the lower back pain that is documented for this patient. However, this medication has been prescribed since at least 08/06/14 and the reports provided for review do not state whether or not it helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

Retro Zolpidem 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, Pain, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Ambien/Zolpidem

Decision rationale: Per the 12/03/14 report the patient presents with lower back pain. The 09/18/14 Psychosocial consultation report documents sleep difficulties for this patient. The RFA is not included. The 12/31/14 utilization review states the retro period is 12/03/14. As of 12/11/14 the patient is instructed to return to modified work; however, it is not clear if the patient is currently working. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case this medication shows only on the 12/03/14 report and is not discussed. Zolpidem is indicated for the short term treatment of 7-10 days for the insomnia documented for this patient; however, the treater does not say use is for the short term. Furthermore, the requested #30 does not suggest short-term use. The request IS NOT medically necessary.