

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0179806 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 10/06/2014 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained an industrial injury on October 6, 2014. She reported the feeling of a cable snap in her right arm along with pain and a warmth and hot sensation. She also reported a pop and a pulsating pain. The injured worker was currently diagnosed as having tenosynovitis of hand and wrist not elsewhere classified, chronic pain syndrome and psychogenic pain not otherwise specified. Treatment to date has included diagnostic studies, medications, physical therapy and block injection. A stellate ganglion block was noted to help her pain for three weeks. On December 26, 2014, an MRI of the right wrist revealed mild negative ulnar variance. On April 21, 2015, an MRI of the right elbow revealed cystic ganglion at the anterior aspect of the lateral compartment of the elbow joint. On July 6, 2015, the injured worker reported right elbow pain and right wrist pain. The pain was rated as an 8 on a 1-10 pain scale. Her pain level was reported to be unchanged since a prior visit. She reported that pain symptoms are on a continuous basis but that they are "alleviated somewhat" by current medications. She stated that she did not feel her current medication was adequately addressing her pain needs. Her level of sleep was reported to be decreased due to difficulty in staying asleep. Quality of sleep was noted as poor. Physical examination of the right upper extremity showed swelling and limited range of motion. Cervical spine examination revealed restricted range of motion, spasm and tenderness. Cervical spine range of motion was noted to be painful on the right with increased radiculopathy symptoms on the right. Her current medication regimen included Bupropion Hcl, Ambien, Norflex, Omeprazole and Tramadol. The treatment plan included Ambien, Amitriptyline, Norco, Omeprazole, Norflex, discontinue Bupropion Hcl, discontinue Tramadol, occupational therapy and a follow-up visit. On September 1, 2015, utilization review denied a request for Ambien 5mg #30 and Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Stress & Mental Illness Chapter.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the insomnia medications including Lunesta for several months. Long-term use is not recommended. Continued use of Zolpidem (Ambien) is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for over a month. The claimant was also on opioids. Prolonged use in combination as noted above leads to addiction and decreased efficacy. Continued use of Norflex is not medically necessary.

