

Case Number:	CM14-0141221		
Date Assigned:	09/10/2014	Date of Injury:	12/28/2005
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 44 year old male presenting with chronic pain following a work related injury on 12/28/2005. The claimant reported low back pain, headaches and neck pain. MRI of the brain on 05/13/2011 showed small signal abnormalities in the left anterior basal ganglion region suggesting the possibility of chronic lacunar infarcts sequelae of previous hyper-intensive incidents or less likely post traumatic. The claimant's medications included Norflex, Vicodin, Lunesta and Lexapro. The physical exam showed slight tenderness in the left lower cervical paraspinal region, positive Adson's maneuver is slightly positive on the left, slight-to-moderate tenderness to palpation in the left lumbar paraspinal region. The claimant was diagnosed with status post concussion with post concussive syndrome with cognitive deficits including processing, short term memory, visual spatial deficits and executive function, per neuropsych testing, chronic headaches, chronic cervicgia, cervical strain, sleep disturbance, depression, recent history of transient mild hypertension, resolve following treatments with anti-depressants, possible left thoracic outlet syndrome and left lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, extended release 3 times daily, #90 with 2 refills (prescribed 7/3/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain)/Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

Decision rationale: Norflex ER (extended release) 100mg 3 times daily, #90 with 2 refills (prescribed 7/3/14) is not medically necessary for the client's chronic medical condition. 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. Side Effects: Anticholinergic effects (drowsiness, urinary retention, 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. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. CA MTUS Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. 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. Norflex is sedating and abusive. Per Ca MTUS long-term use is not recommended; therefore it is not medically necessary.

Norco 5/325mg, 3 times daily as needed, #90 with 2 refills (prescribed 7/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids (When to Continue). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids (Dosing, Detoxification) Kathleen Foley MD. Opioids and Chronic Neuropathic Pain, N Engl J Med 2003; 349: 1279-1281 March 27, 2003

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 5/325mg 3 times daily as needed, #90 with 2 refills (prescribed 7/3/14) is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Ambien 10mg, at bedtime, #30 with 2 refills (prescribed 7/3/14): 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), Pain Chapter, Insomnia Treatment: Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tranquilizers, Sleeping Aids

Decision rationale: Ambien 10 mg at bedtime # 30 with 2 refills (prescribed 7/3/14) is not medically necessary. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. 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 long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien ER to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the sleeping aid medication of this class. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien 10mg is not medically necessary.