

<b>Case Number:</b>	CM13-0010883		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/10/1999
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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 patient is a 37 year old female who sustained a work-related injury on January 10, 1999, resulting in injuries to her low back and bilateral feet. She was diagnosed with L4-L5 degenerative disc protrusion with left L5 radicular pain. On July 19, 2013, retrospective requests for Ambien and Topamax were denied, while a retrospective request for Neurontin was approved. A July 28, 2013 appeal letter from [REDACTED] states that the patient underwent a trial of Neurontin without benefit and with uncomfortable side effects. The physician recommended stopping Neurontin and re-starting Topamax, but this was denied at utilization review. The patient was seen in September 2013; she reported a 30% increase in back pain as a result of discontinuing Topamax and Ambien. The patient has had to return to Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS guidelines do not address Ambien, so alternative guidelines were used. The Official Disability Guidelines state that zolpidem (Ambien) is a short-acting nonbenzodiazepine hypnotic, which is approved for the treatment of insomnia in the short term (usually 2-6 weeks). It is noted that while sleeping pills and anti-anxiety agents are commonly prescribed for chronic pain, there are rarely (if ever) recommended for long-term use, as they can be habit forming. They can also impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The evidence-based guidelines clearly indicate that Ambien is not recommended for long term use. As such, the request is noncertified.

**retrospective request for Topamax 50mg (6/12/13):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,18,21.

**Decision rationale:** Topamax is an anti-epilepsy drug (AED), a type of drug recommended for neuropathic pain. The California MTUS guidelines state that Topamax has been shown to have variable efficacy, with failure to demonstrate benefit for neuropathic pain of 'central' etiology. However, it is still considered for use when other AEDs fail. The California MTUS states that Gabapentin has been considered a first-line treatment for neuropathic pain. As of June 12, 2013, Gabapentin was approved for use. At that time, there would have been no reason to approve two AEDs at once, especially as Topamax is a second-line treatment. As such, the request is noncertified.