

Case Number:	CM13-0027922		
Date Assigned:	04/23/2014	Date of Injury:	08/14/1987
Decision Date:	05/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal 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 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 patient is a 51 year old female who was injured on 08/14/1987. The events surrounding the occurrence of the symptoms include several injuries. A progress note dated 01/14/2014 documented the severity of the problem is moderate. The problem has not changed. The frequency of the pain is intermittent. The location of pain is bilateral posterior neck. There is radiation to the bilateral scalp. Chronic conditions include back ache, cervicgia, hypertension and migraine. On review of systems the neurological exam reveals dizziness, extreme weakness, gait disturbance, headache, memory impairment and numbness in extremities. The patient was anxious and depressed and suffers from insomnia. Examination revealed recent arthroscopy left hip and ganglion on right fifth finger. The patient's medications include Diovan 80 mg, Hydrocodone 5-325 mg, Zolpidem 10 mg, Sumatriptan 100 mg. A progress note dated 08/07/2013 noted the patient's medication list as Ambien 10 mg 0.5 mg qhs, Diovan 80 mg, Hydrocodone 5-325 mg and Sumatriptan 100 mg 1 tablet every day at onset of migraine, may repeat in 1 hour. A review of systems was positive for fatigue. Neuro/psych was positive for headache and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ZOLPIDEM 10MG: 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)- 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 PAIN, ZOLPIDEM (AMBIEN).

Decision rationale: According to the ODG, "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use... There is also concern that they may increase pain and depression over the long-term." The medical records document the patient to have complaints of insomnia for years (as of the 05/26/2010 office note) and is only sleeping 3-4 hours per night. As of 05/26/2010 the patient had been prescribed Ambien 10mg tablets at \hat{A} ¹/₂-1 qhs every night. This medication continued to be prescribed throughout the documentation presented up through the most recent office visit provided of 01/14/2014. The 01/14/2014 examination ROS documents a negative psych review with no anxiety, depression or insomnia. Based on the documents provided, it appears the patient has been routinely prescribed this medication for well over 4 years. The medication is indicated on a short-term basis and as such, the request for continued prescriptions is not medically necessary.

PRESCRIPTION OF SUMATRIPTAN 100MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- TRIPTANS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, TRIPTANS.

Decision rationale: According to the ODG, Triptans are "recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." The patient is documented to have headaches since the 05/26/2010 office visit. These headaches were described as occasional migraine headaches, generally relieved by Imitrex. The headaches were documented throughout until 01/14/2014 when it was reported in the ROS, neuro that there was no headache. The patient was still given the diagnosis of migraine as a chronic condition. As this has been the patient's medication of choice since 05/26/2010 and she has not had any reported side effects from the medication, the medical necessity has been established to continue with the Final Determination Letter for IMR Case Number CM13-0027922 4 medication for the continued occasional migraine.

