

<b>Case Number:</b>	CM13-0035357		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 employee is a 42-year-old woman who sustained a work injury on 10/24/00. She subsequently developed chronic back pain radiating to lower extremities, bilateral shoulder pain and upper extremity pain. On 4/3/13, the employee's pain was documented as 8 out of 10. She was diagnosed with cervical and lumbar disc bulging, thoracic spine strain and bilateral shoulder pain. The provider requested authorization for the following medications: Ambien, Biofreeze, Soma and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, 1 tablet per day, quantity 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 (ODG), Treatment Index, 11th Edition (web), 2013, Pain (Chronic), 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:** California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. A review of the literature demonstrates that Ambien

is indicated for short-term use (7-10 days) in patients with insomnia. According to Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short-acting non-benzodiazepine 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 is often difficult to obtain. Various medications may provide short-term benefit. While sleep aids and anti-anxiety agents are commonly prescribed in the setting of chronic pain, they are not recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. According to the submitted medical records, there is no clear documentation of insomnia or sleep disturbance. Furthermore, a sleep problem could exist and could be secondary to the employee's pain problem. Therefore, the requested Ambien 10mg, 1 tablet per day, quantity 30 is not medically necessary and appropriate.

**Biofreeze gel 3.5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics., Topical Salicylate Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Biofreeze gel 3.5% is a topical analgesic which provides temporary relief of acute pain. According to California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this employee's case, there is no recent documentation of failure of or intolerance to oral first-line drugs for pain management. Therefore, the requested Biofreeze gel 3.5% is not medically necessary and appropriate.

**Soma 350mg, 1 tablet every 8 hours as needed, quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** According to California MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, the submitted medical records do not demonstrate clear evidence of spasm. As such, prolonged use of Soma is not justified. Therefore, the requested Soma 350mg, 1 tablet every 8 hours as needed, quantity 90 is not medically necessary and appropriate.

**Ultram 50mg, 1 tablet every 8 hours as needed, quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** According to California MTUS guidelines, Ultram is a synthetic opioid indicated for pain management but is not recommended as a first-line oral analgesic. Per the guidelines, ongoing use of opioids requires the following: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this employee's case, there is no clear evidence of objective and recent functional and pain improvement with Ultram. Therefore, the requested Ultram 50mg, 1 tablet every 8 hours as needed, quantity 90 is not medically necessary and appropriate.