

<b>Case Number:</b>	CM13-0039412		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34-year-old female who reported an injury on 08/31/2012, due to cumulative trauma while performing normal job duties. The patient reportedly developed numbness and tingling in her right upper extremity and was conservatively treated with physical therapy, medications, and acupuncture. The patient's most recent clinical documentation determined that the patient had continued bilateral wrist complaints with decreased strength and associated numbness and tingling. Physical findings included mild impingement and Hawkins sign of the right shoulder with decreased range of motion. Evaluation of the wrists revealed a positive bilateral Phalen's and reverse Phalen's sign with decreased grip and distal radial tenderness with a 2-point discrimination. It was noted that the patient's medications were providing pain relief and improved functional status. It was also indicated that Ambien would be added to the patient's medication schedule to address sleep complaints. The patient's diagnoses included wrist tenderness and bursitis, and shoulder sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The retrospective request for cyclobenzaprine 7.5 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long-term use of muscle relaxants in the management of a patient's chronic pain. Short courses of treatment of up to 2 to 3 weeks for acute exacerbations are supported by guideline recommendations. The clinical documentation submitted for review does not provide any evidence that the patient is experiencing an acute exacerbation that would benefit from a muscle relaxant. Additionally, continuation of this medication extends treatment outside of guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the retrospective request for cyclobenzaprine 7.5 mg is not medically necessary or appropriate.

**Retro Gabapentin 300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and Antiepilepsy drugs (AEDS Page(s): 16,60.

**Decision rationale:** The retrospective request for gabapentin 300 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first-line medication. However, California Medical Treatment Utilization Schedule states that the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review does not provide any quantitative or specific evidence of pain relief or functional benefit. Therefore, continuation of this medication would not be supported. As such, the retrospective request for gabapentin 300 mg is not medically necessary or appropriate

**Omeprazole 20mg tablets:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested omeprazole 20 mg tablets is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support the need for a gastrointestinal protectant. Therefore, continued use of this medication would not be

supported. As such, the requested omeprazole 20 mg tablets is not medically necessary or appropriate.

**Zolpidem Tartrate 5mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG

**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, Insomnia Treatments.

**Decision rationale:** The requested zolpidem tartrate 5 mg is not medically necessary or appropriate. Official Disability Guidelines do recommend the short-term use of this medication in the management of pain-related insomnia. However, the clinical documentation submitted for review does not provide an adequate assessment of the patient's sleep deficits to support the use of this medication. There is no documentation that the patient has failed to respond to any nonpharmacological treatments. Therefore the need for this medication is not clearly identified within the documentation. As such, the requested zolpidem tartrate 5 mg is not medically necessary or appropriate.