

<b>Case Number:</b>	CM13-0056528		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/20/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Neurology, has a specialty 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 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 injured worker who sustained a work related injury on May 20 2007. Subsequently, she developed chronic bilateral knee pain, back and neck pain. The patient was subsequently diagnosed with cervical and lumbar strain as well as carpal tunnel syndrome. According to a note dated on June 20 2013, the patient was complaining of pain in both hands associated to knees and back pain. Her Physical examination demonstrated tenderness over the cervical spine, the right radial groove and the lumbar spine. Her EMG/NCV performed on December 6 2012, demonstrated left and mild carpal tunnel syndrome without evidence of cervical radiculopathy or generalized neuropathy. The provider requested authorization to use the medications mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR BUPROPION XL 150MG #30 DOS: 10/3/13:** 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 BUPROPION Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin (Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain. Based on the above, the prescription of Bupropion XI 150mg #30 is not medically necessary.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR ZOLPIDEM 5MG #30  
DOS:10/3/13:** 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 (ODG) < NON-BENZODIAZEPINE SEDATIVE-HYPNOTICS (BENZODIAZEPINE-RECEPTOR AGONISTS) ([HTTP://WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/PAIN.HTM](http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm)).

**Decision rationale:** According to the Official Disability Guidelines (ODG) guidelines, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes Zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Zolpidem 5mg #30 is not medically necessary.