

<b>Case Number:</b>	CM13-0059838		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 51 year-old with a date of injury of 05/06/08. A progress report associated with the request for services, dated 10/07/13, identified subjective complaints of neck, back, and leg pain. Objective findings included cervical and lumbar tenderness. There was decreased sensation in the L5 dermatome. Diagnoses included cervical stenosis and S/P cervical discectomy and fusion; lumbar radiculopathy; insomnia and depression. Treatment has included cervical fusion, epidural steroid injections, acupuncture, and analgesics. A Utilization Review determination was rendered on 11/22/13 recommending non-certification of "Ambien 10mg tablets #30; Voltaren cream 1% 100gms qty: 1; Retrospective Vitamin B12 complex injection qty: 1".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablets qty 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 in Workers comp 2012 ([www.ODGTREATMENT.COM](http://www.ODGTREATMENT.COM)), AND

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment, and Ambien.com (web)

**Decision rationale:** Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) state that treatment of insomnia should be through correction of underlying deficits, with further notation that zolpidem is indicated for short-term treatment of insomnia. They note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). Likewise, the FDA has recommended lower doses for IR release products in women (10 mg to 5 mg) and a decrease from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, Ambien has been used beyond the short-term and likewise, at greater than recommended doses. Therefore, the record does not document the medical necessity for Ambien.

**Voltaren cream 1% 100gms qty 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

**Decision rationale:** Voltaren (diclofenac) 1% is an NSAID being used as a topical analgesic. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain section states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The efficacy of topical NSAIDs in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. This appears to be new therapy. Likewise, the documentation indicates that the claimant has had a limited response to other therapy. The original denial of services was based upon lack of efficacy for Voltaren cream. However, it is FDA approved and has shown efficacy with short-term treatment.

**Retrospective Vitamin B12 complex injection qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, and Chronic Pain Chapter, Complementary alternative treatments o

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) does not specifically address vitamin B12 supplementation. The Official Disability Guidelines (ODG) does not

recommend vitamin B supplementation. They state that there is insufficient evidence to determine whether vitamin B supplementation is beneficial or harmful. Compared to placebo in a meta-analysis, there was no significant short-term benefit in pain intensity. Therefore, there is no documented medical necessity for the retrospective vitamin B12 injection.