

<b>Case Number:</b>	CM13-0065878		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Occupational 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 44-year-old female who has filed a claim for lumbar radiculopathy associated with an industrial injury date of October 20, 2010. Review of progress notes indicates neck pain radiating to the bilateral shoulders; and low back pain radiating to bilateral lower extremities, left more than right. Findings include tenderness over the cervical and lumbar regions; decreased cervical and lumbar range of motion due to pain; positive straight leg raise test on the left; decreased motor strength in the left tibialis anterior, left EHL, left peroneals, and right deltoid and biceps; decreased sensation in the L5-S1 dermatomes; and decreased balance in heel-toe walk. MRI of the cervical spine dated June 07, 2013 showed multilevel disc bulges with moderate central canal stenosis at C5-6, however the study was of poor quality. Lumbar MRI showed disc desiccation and bulge at L5-S1 with some foraminal narrowing, and post-surgical changes. Treatment to date has included NSAIDs, opioids, sedatives, muscle relaxants, Lyrica, gabapentin, Cymbalta, Salonpas, back bracing, cervical and lumbar epidural steroid injections, and lumbar spinal surgery in June 2012. Utilization review from December 08, 2013 denied the requests for zolpidem 10mg (retrospective) as there was no documentation regarding the pattern of sleep or efficacy of zolpidem, ropinirole 0.25mg as there was no indication of Parkinson's disease or restless leg syndrome, LSO brace as there was no indication for use, and cyclobenzaprine 10mg as efficacy was not mentioned and long-term use is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10 MG RETRO # 30 WITH NO REFILLS:** 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), Pain, web version.

**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, Ambien (zolpidem tartrate).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since October 2013. The requesting physician states that this medication allows additional 5-6 hours of sleep. However, there is no documentation describing the patient's sleep difficulty, and this medication is not recommended for long-term use. Therefore, the retrospective request for zolpidem #30 was not medically necessary.

**ROPINIROLE 0.25 MG #30 WITH NO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web site (www.drugs.com Requip-Indications and Usage for Requip:Parkinson's Disease; Restless Legs Syndrome).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ropinirole).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. The FDA states that Ropinirole is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) or of the signs and symptoms of idiopathic Parkinson's disease. Patient has been on this medication since October 2013. The requesting physician notes that the medication decreases the patient's restless leg symptoms by 50%. However, the progress notes do not describe the patient's restless leg symptoms. Additional information is necessary at this time. Therefore, the request for ropinirole 0.25mg #30 was not medically necessary.