

<b>Case Number:</b>	CM13-0069277		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 an employee of [REDACTED] and has submitted a claim for cervicalgia, pain on the right shoulder and right wrist, with an industrial injury date of April 12, 2002. Treatment to date has included physical therapy, radial styloidectomy (February 2004), exploration and neurolysis with removal of part of the screw in the right wrist (April 2005), removal of remaining screw in the right scaphoid with excision of spur of the trapezium and synovectomy (July 2009), rotator cuff repair (April 2013), and medications which include hydrocone, Alprazolam, Trazodone, Zolpidem, Topiramate, Methadone, Nortriptyline and Levetiracetam. Utilization review from December 10, 2013 denied the requests for Ambien 10mg #30, Keppra 500mg #120 and Xanax 1mg #60. Medical records from 2012 to 2013 were reviewed the latest of which dated December 17, 2013 which revealed that the patient continues to experience right sided neck pain, right shoulder pain and hand pain with numbness. On examination of the right shoulder, a well healed portal incision was noted. There was atrophy of the deltoid. Passive range of motion can be done without scapular protraction. Active range of motion was limited with forward flexion up to 130 degrees, abduction up to 90 degrees, external rotation and internal rotation less than 10 degrees with firm endpoints. On examination of the right wrist, there was approximately 5% loss of range of motion. There was pain with direct palpation of the scaphoid. He has pain to the volar aspect of his hand to light touch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG #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.

**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.

**Decision rationale:** CA MTUS does not address the topic on Zolpidem. ODG states the Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Guidelines state that they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, Ambien has been prescribed since July 2012 for "sleep". The patient has exceeded the guideline recommendations of short-term use. There was no documentation of improvement after long-term use. There was no discussion concerning the patient's sleep hygiene. Therefore, the requests for Ambien 10mg #30 are not medically necessary and appropriate.

**KEPPRA 500 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 17,22.

**Decision rationale:** Pages 22 of the Chronic Pain Medical Treatment Guidelines state that levetiracetam may be effective for neuropathic pain, but the ultimate role of these agents for pain requires further research and experience. These agents should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, or Lamotrigine cannot be used. Underlying depression and anxiety symptoms may be exacerbated by levetiracetam. Guidelines also state that "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. In this case, Keppra has been prescribed since July 2012. There was no documentation of good or moderate response after a long-term use of anti-epilepsy drugs. There was no discussion concerning prior use of carbamazepine, Gabapentin, or Lamotrigine. Therefore, the request for Keppra 500mg #120 are not medically necessary and appropriate.

**XANAX 1 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** Page 24 of the Chronic Pain Medical Treatment Guidelines states that Benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, Alprazolam has been prescribed since May 2012 for anxiety and panic symptoms. The recent clinical evaluation does not indicate relief of symptoms and functional improvement of the patient. Also, the duration of use of Alprazolam has exceeded the recommended duration, therefore, the request for Xanax 1mg #60 are not medically necessary and appropriate.