

<b>Case Number:</b>	CM14-0001429		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/08/2003
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 cervical spine pain with an industrial injury date of October 8, 2003. Treatment to date has included acupuncture and medications, including Ambien 5 mg (since October 2013) and Neurontin 300 mg (since September 2013). Medical records from 2013 were reviewed, which showed that the patient complained of cervical spine pain and stiffness, associated with headaches and numbness and achiness from her neck all the way through her arms and fingertips. On physical examination, there is tenderness to palpation over the C5-C6 region. There was also limited range of motion of the cervical spine due to pain. A utilization review from November 26, 2013 denied the request for Ambien 4 mg 1 tab at HS #60 because there was no documentation of current sleep disturbance; and Neurontin 300 mg 1 tab at HS # 60 because there was no documentation of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 5MG, #60:** Upheld

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

**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, Zolpidem.

**Decision rationale:** The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. In this case, the patient has been on Ambien since October 2013 (7 months to date), which is beyond the duration recommended by the Guidelines. Additionally, the medical records provided for review did not report continued functional benefits from this medication. Furthermore, there was no report of sleeping difficulties at present. The request for Ambien 5mg, #60 is not medically necessary and appropriate.

**NEURONTIN 300MG, #60:** 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 Page(s): 16-18.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there was no documentation of the presence of diabetic neuropathy and postherpetic neuralgia. Furthermore, there was no subjective or objective evidence of neuropathic pain being present. Therefore, the request is not medically necessary and appropriate.