

<b>Case Number:</b>	CM14-0070434		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 53 year old female who reported an injury on 10/31/2012. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included a musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, herniated disc T12-L1, and disc bulges at T12-L1, L4-5, L3-4, T3-4, T4-5, T5-6, and T6-7. Her diagnoses also included disc protrusions at T12-L1 and left L5 radiculopathy. Her past treatments included medications, aqua therapy, injections, a wheeled walker with seat and brakes, and lumbar support. The injured worker's diagnostic exams were not indicated in the clinical notes. Her surgical history was not indicated in the clinical notes. On 03/06/2014, the injured worker reported a pain rating of 8/10 and that her medications were effective at controlling her pain. Her low back pain was "very painful" with numbness and pain radiating down her left buttocks and entire left side. The physical exam revealed diminished sensation to the 1st, 2nd and 3rd left toes. The range of motion of the lumbar spine was 10 degrees of extension, 12 degrees of lateral bend to the right, 13 degrees of lateral bend to the left, 16 degrees of rotation to the right and 18 degrees to the left. Also, it was indicated that there was a positive straight leg raise at 60 degrees on the right and 40 degrees on the left. Her medications included Tramadol 50mg, Zolpidem 10 mg, Flector patches, Naproxen, and Flurbitac. The treatment plan consisted of Flurbitac 100/100mg #90 2-3 times daily, Zolpidem 10mg at bedtime as needed #30, continuation of Flector patches, and an injection into the upper arm or buttocks to relieve inflammation. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbitac 100/100gm (flurbiprofen/ranitidine) #90 2-3 times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), ; NSAIDs, GI symptoms and cardiovascular risk.

**Decision rationale:** The request for Flurbitac 100/100gm (flurbiprofen/ranitidine) # 90 2-3 times daily is not medically necessary. The CA MTUS Guidelines state there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided indicate the injured worker was experiencing radiating pain with numbness. There is no documentation of current gastrointestinal problems. There is no indication of a history of peptic ulcer, GI bleeding, or perforation. The rationale for the addition of Flurbitac was not provided. There is no indication the injured worker was at risk for gastrointestinal event. The guidelines state there is inconsistent evidence for the use of NSAIDs for neuropathic pain. Based on this information, the request is not supported. Therefore, the request for Flurbitac 100/100gm (flurbiprofen/ranitidine) #90 is not medically necessary.

**Zolpidem 10mg HS PRN #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

**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 (Ambien®).

**Decision rationale:** The request for Zolpidem 10mg at bedtime as needed is not medically necessary. The Official Disability Guidelines do not recommend Zolpidem for long term use. Zolpidem is approved for the short term treatment of insomnia, usually 2 to 6 weeks. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents 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 more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The clinical notes indicate that the injured worker has been prescribed Zolpidem since 12/18/2013. The injured worker did not have any complaints of insomnia on the clinical visit dated 03/06/2014. There is no indication as to the efficacy of Zolpidem. Nonetheless, the guidelines do not support the long term use of Zolpidem. Therefore, continued use is not supported. As such, the request for Zolpidem 10mg at bedtime as needed is not medically necessary.

