

<b>Case Number:</b>	CM14-0074272		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Preventive 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:

According to the records made available for review, this is a 43-year-old female with a 9/18/13 date of injury. At the time (4/16/14) the request for Zolpidem 10mg quantity 30, Zonegran 25mg, quantity 60, and Norco 7.5/300mg, quantity 60, show there is documentation of subjective increased headaches, and objective obese status post Roux-En-Y gastric bypass surgery findings. The current diagnoses are chronic migraine and the treatment to date; ongoing therapy with Imitrex and Vicodin. Regarding Zolpidem 10mg quantity 30, there is no documentation of insomnia and an intention for short-term two to six weeks treatment shown. Regarding Zonegran 25mg, quantity 60, there is no documentation of neuropathic pain when carbamazepine, gabapentin, or lamotrigine cannot be used. In regards to, Norco 7.5/300mg, quantity 60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg quantity 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), Zolpidem (ambein).

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

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of a diagnosis of chronic migraine. However, there is no documentation of insomnia. In addition, there is no documentation of the intention for short-term (two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10mg quantity 30 is not medically necessary.

**Zonegran 25mg, quantity 60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when carbamazepine, gabapentin, or lamotrigine cannot be used, as criteria necessary to support the medical necessity of Zonegran. Within the medical information available for review, there is documentation of a diagnosis of chronic migraine. However, there is no documentation of neuropathic pain when carbamazepine, gabapentin, or lamotrigine cannot be used. Therefore, based on guidelines and a review of the evidence, the request for Zonegran 25mg, quantity 60 is not medically necessary.

**Norco 7.5/300mg, quantity 60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic migraine. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 7.5/300mg, quantity 60 is not medically necessary.