

<b>Case Number:</b>	CM14-0085336		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family 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:

This injured worker's date of injury is 03/12/2010. This patient receives treatment for chronic neck pain, bilateral shoulder pain, and wrist pain. The patient underwent arthroscopic surgery 3 times and had a carpal tunnel release procedure on the left wrist. Other treatments include cortisone injections and wrist bracing. The patient received treatment from a pain management specialist since 2012. On examination there is tenderness on palpation of paraspinal muscles, there is decreased ROM (range of motion) of cervical and lumbar spine, cervical compression test is positive, and there is decreased strength in both upper extremities. Diagnoses include: chronic cervical strain, chronic lumbar strain, and a posterior labral tear as seen on MRI 09/04/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox (Naproxen Sodium) 550mg, #60:** 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) Page(s): 67-70.

**Decision rationale:** Per MTUS, NSAIDS may be medically indicated to treat osteoarthritis and acute exacerbations of back pain. NSAIDS produce health risks which must be monitored. GI bleeding events, cardiovascular events, and possible kidney injury in the presence of chronic kidney disease require monitoring. This patient has chronic neck, back, and upper limb pain. The clinical notes do not document monitoring for potential complications of NSAIDS. Anaprox is not clinically indicated for this patient. Therefore, the request is not medically necessary.

**Ambien (Zolpidem Tartrate) 5mg, #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 Treatment in Worker's Compensation, Pain, Non-Benzodiazepine Hypnotics.

**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: <http://www.drugs.com/ambien.html>; Ambien <http://www.fda.gov/downloads/drugs/drugsafety/ucm085906.pdf>[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/019908s027lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019908s027lbl.pdf).

**Decision rationale:** This patient began taking this medication in January 2014. The FDA defines Ambien (zolpidem) as a sedative that is approved for the short-term treatment of insomnia, typically 35 days or less. Due to a number of reports of complications, in 2013 the FDA lowered the recommended dose of this drug. Abnormal thinking, behavioral changes, "sleep-driving" and hallucinations have been described with long-term use. Ambien is not medically indicated for this patient.