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| Case Number: | CM14-0086497 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/01/2009 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 41 year-old with a date of injury of 12/01/09. A progress report associated with the request for services, dated 05/12/14, identified subjective complaints of unchanged neck and back pain. Objective findings only included that the physical examination was unchanged. Diagnoses (paraphrased) included an eligible ICD-9 code. Treatment had included a lumbar discectomy; epidural steroid injection; and presumably medications including an NSAID and zolpidem. A Utilization Review determination was rendered on 05/20/14 recommending non-certification of "Zolpidem Tartrate 5mg, qty 30 with 2 refills and Naproxen Sodium 550mg, qty. 100 with 2 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 5mg, qty. 30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment; and Mental Illness & Stress, Zolpidem (Ambien) Other Medical Treatment Guideline or Medical Evidence: www.Ambien.com

Decision rationale: Ambien (zolpidem) is a non-benzodiazepine gamma-aminobutyric acid (GABA) agonist used for the short-term treatment of insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address zolpidem. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further note that zolpidem is indicated for short-term treatment of insomnia. The guidelines note that zolpidem has multiple side effects and adults who use zolpidem have a greater than 3-fold increased risk for early death (Kripke, 2012). In this case, zolpidem has been used beyond the short-term. Therefore, the record does not document the medical necessity for zolpidem and therefore, the request is not medically necessary.

Naproxen Sodium 550mg, qty. 100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; NSAIDs Page(s): 12; 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDs

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to naproxen and therefore, the request is not medically necessary.