

Case Number:	CM14-0098836		
Date Assigned:	07/28/2014	Date of Injury:	09/13/2000
Decision Date:	12/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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:

Claimant is a 63-year-old female with a date of injury September 13, 2000. Reviewed progress notes of May 20, 2014. At that time it was noted that patient continued to take medication for symptom control. On exam patient cervical spine thoracic spinal low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg tablet 1 PO daily at bedtime #30 with 6 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

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

Decision rationale: CA MTUS ACOEM does not address the request for Zolpidem Tartrate ER 12.5 mg quantity of 30. ODG Pain (updated 10/30/14) Zolpidem [Ambien (generic available), Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). The extended-release dual-layer tablet (Ambien CR) has a biphasic release system; an initial release of zolpidem

reduces sleep latency and a delayed release facilitates sleep maintenance. Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. Dosing: Ambien 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction); Ambien CR 6.25 to 12.5 mg at bedtime (6.25 mg in women, the elderly and patients with hepatic dysfunction) (Morin, 2007). Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. (Kripke, 2012) Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). (FDA, 2013)The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien long term. However, there was no documentation concerning sleep improvement derived from medication use. Long-term use was likewise not recommended. Furthermore, there was no discussion concerning sleep hygiene. Therefore, the request for Ambien is not medically necessary.

Gabapentin 300mg 2cap PO TID and 4 at HS #300 12 refills.: Upheld

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

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

Decision rationale: Recommended for neuropathic pain. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references. There is no indication that claimant is suffering from neuropathic pain or that there is any derived benefit from utilization of medication for pain or quality of life or ability to work. Also there are no updated medicals provided for review indicating that medication compliance is being assessed.

Norco 10 mg/325 mg tablet 1 PO 4xs a day prn pain #120 with 6 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, section 4 Page(s): 78.

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.

Diclofenac Sodium 75 mg tablet DR 1 tab PO BID #60 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 4 Page(s): 70-73.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.