

<b>Case Number:</b>	CM14-0120605		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 45 year old female with an injury date on 11/12/2002. Based on the 06/26/2014 progress report provided by the treating physician, the diagnoses are: 1. Knee/Lower Leg Pain. 2. Lower Back Pain. 3. Myalgia and Myositis unspec. According to this report, the patient complains of pain at the lumbar spine which radiates down to the left plantar and "anxiety which exacerbates the pain or the pain exacerbates the anxiety." Pain also noted in the cervical region with limited range of motion in neck with pain presenting when turning head. "Pain is described as a sharp pain which is ever present" that is an 8/10 with medication. "Patient notes that she doesn't feel like medication is providing much relief." Examination findings show "Tenderness of the paravertebral muscles entire spine." For left lower leg, there is limited ROM due to pain. The patient's work status is "Temporary Total Disability." The treatment plan is to refill medications: Ambien, Soma, Oxycodone, Percocet, Nexoprim, seek authorization for PSTIM Neurostimulator Treatment, and return for a follow-up in 4 weeks. The patient's past treatment consists of medications, orthopedist, TENS, "physical therapy/therapeutic exercises, pharmacological therapy, and other non-surgical modalities, all have proven unsuccessful in controlling the pain." Based on 07/09/2014 report, the patient "has pain on the lateral aspect of the knee. Patient reports that she is not sure if the knee pain is isolated to the knee or if it's due to fibromyalgia or it's coming from her back." There were no other significant findings noted on this report. The utilization review denied the request for (1) Nexoprim 550 mg (unknown quantity) and (2) Ambien 10 mg (quantity unknown) on 07/17/2014 based on the

MTUS/ODG guidelines. The requesting physician provided treatment reports from 02/14/2013 to 07/17/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nexoprim 550 mg (Unknown Quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: Migraine pharmaceutical treatment

**Decision rationale:** According to the 06/26/2014 report, this patient presents with neck pain, low back pain, knee pain and "anxiety which exacerbates the pain or the pain exacerbates the anxiety." The current request is for Nexoprim 550 mg (unknown quantity). Nexoprim [Nexoprin] is used to treat migraine headaches. This medication is first documented on this report and is mentioned for "inflamed feet." In reviewing of the provided report, the treating physician does not show documentation of headache or migraine. ODG guidelines pain chapter: "Migraine pharmaceutical treatment recommend Triptans for migraine sufferers. At marketed doses, all oral Triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one Triptans does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic migraine." In this case, the treating physician requests for Nexoprim with unknown quantity and there is no rationale provided to indicate the medical necessity for this medication. Therefore, the request is not medically necessary.

**Ambien 10 mg. (Quantity Unknown): 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) - Treatment in Workman's Compensation (TWC), Online Edition, Chapter: Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

**Decision rationale:** According to the 06/26/2014 report, this patient presents with neck pain, low back pain, knee pain and "anxiety which exacerbates the pain or the pain exacerbates the anxiety." Per this report, the current request is for Ambien 10 mg (quantity unknown). The treating physician mentions "The patient is able to sleep through the night" on 07/09/2014 report. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep

onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Ambien with unknown quantity. Medical records indicate the patient has been prescribed Ambien since 05/01/2014. The treater does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request is not medically necessary.