

Case Number:	CM15-0140255		
Date Assigned:	07/30/2015	Date of Injury:	12/12/2002
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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 & Rehabilitation

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 injured worker is a 58-year-old male, who sustained an industrial injury on 12-12-2002. The current diagnoses are cervical radiculopathy, lumbar disc degeneration, chronic pain, failed lumbar back surgery syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, status post fusion, gastroesophageal reflux disorder, insomnia, and medication-related dyspepsia. According to the progress report dated 6-8-2015, the injured worker complains of neck pain, low back pain, and insomnia. His neck pain radiates down his bilateral upper extremities. His back pain radiates down his bilateral lower extremities. The pain is aggravated by activity and walking. He reports his pain as worsened since last assessment. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 9 out of 10 without. Additionally, he reports having increasing difficulty with swallowing over the past eight months. The physical examination of the cervical spine reveals spasms noted bilaterally in the paraspinal muscles, spinal vertebral tenderness at C4-7, tenderness to palpation over the trapezius muscles bilaterally and paravertebral C4-6 area, limited and painful range of motion, diminished sensation in the bilateral upper extremities and C5 dermatome, and decreased motor strength in C5 dermatomal distribution bilaterally. Examination of the lumbar spine reveals tenderness to palpation over the spinal vertebral area L4-S1 levels. The range of motion was moderately limited secondary to pain. Lower extremity examination reveals tenderness to palpation over the right foot. The current medications are Zolpidem, Norco, Lyrica, and Omeprazole. Urine drug screen from 6-8-2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Lyrica since at least 9-16-2013 and Zolpidem since at least 10-17-2012. Treatment to date

has included medication management, MRI studies, electro diagnostic testing, cervical epidural steroid injection, and surgical intervention. He is currently not working. A request for Zolpidem and Lyrica has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg (all bedtime) qty 60, refills unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck upper back.

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

Decision rationale: Based on the 6/8/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities, abdominal stomach pain, with overall pain rated 6/10 with medications, and 9/10 without medications, worsened since last visit. The treater has asked for Zolpidem 10mg (all bedtime) qty 60, refills unspecified on 6/8/15. The request for authorization was not included in provided reports. The patient also complains of insomnia, GERD related, medication-associated GI upset, and increased difficulty swallowing over the last 8 months per 6/8/15 report. The patient is s/p cervical epidural steroid injection bilateral C5-6 from 2/20/15, which gave 80% improvement that, lasted 3 months per 4/13/15 report. The patient's current medications are Ambien, Flexeril, Norco, Lyrica, Naproxen, and Prilosec per 6/8/15 report. The patient is currently not working per 4/13/15 report. ODG guidelines, Pain (Chronic) under Zolpidem: 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. In this case, a prescription for Zolpidem is first noted in progress report dated 2/16/15, and patient is using it in reports dated 4/13/15 and 6/8/15. Review of reports does not mention the efficacy of Zolpidem. ODG only recommends it for "short-term (7-10 days) treatment of insomnia" and patient has been taking it for more than 3 months. Hence, the request IS NOT medically necessary.

Lyrica 50mg (twice a day) qty #60 refills unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck upper back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Outcomes of anti-epilepsy drugs Page(s): 16-18.

Decision rationale: Based on the 6/8/15 progress report provided by the treating physician, this patient presents with neck pain radiating down bilateral upper extremities, low back pain radiating down bilateral lower extremities, abdominal stomach pain, with overall pain rated 6/10 with medications, and 9/10 without medications, worsened since last visit. The treater has asked for Lyrica 50mg (twice a day) qty #60 refills unspecified on 6/8/15. The request for authorization was not included in provided reports. The patient also complains of insomnia, GERD related, medication-associated GI upset, and increased difficulty swallowing over the last 8 months per 6/8/15 report. The patient is s/p cervical epidural steroid injection bilateral C5-6 from 2/20/15, which gave 80% improvement that, lasted 3 months per 4/13/15 report. The patient's current medications are Ambien, Flexeril, Norco, Lyrica, Naproxen, and Prilosec per 6/8/15 report. The patient is currently not working per 4/13/15 report. MTUS Anti-epilepsy drugs section under Lyrica, page 16 states: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. The FDA as treatment for generalized anxiety disorder and social anxiety disorder is considering Pregabalin. MTUS Guidelines, Outcomes of anti- epilepsy drugs section, pages 16-18 states: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. In this case, a prescription for Lyrica is first noted in progress report dated 2/16/15, and patient is using it in reports dated 4/13/15 and 6/8/15. The treater does not discuss the efficacy this patient's medications in any of the reports outside of a treatment plan statement: "beneficial with intended effect at prescribed dose" per 6/8/15 report. MTUS guidelines recommend Lyrica for neuropathic conditions, and were the requesting physician to provide a statement as to how Lyrica improves this patient's function or reduced pain; the recommendation would be for approval. As no such discussion is provided, continuation of this medication cannot be substantiated. The patient has been taking Lyrica for over 3 months without documentation of its efficacy. Therefore, the request IS NOT medically necessary.