

<b>Case Number:</b>	CM15-0147438		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/27/2002
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 is a 53 year old female with a July 27, 2002 date of injury. A progress note dated June 8, 2015 documents subjective complaints (pain rated at a level of 7 out of 10; pain without medications rated at a level of 8 out of 10 and 5 out of 10 with medications; also complains of headache, joint pain, and constipation, hemorrhoids, muscle aches, suicidal thoughts, large mood swings, and depression, poor sleep quality), objective findings (tenderness to palpation of the right lumbar paravertebral muscles; tenderness noted over the spinous process at L5 and lower back; motor testing limited by pain; sensory deficit in the right heel), and current diagnoses (lower back pain; lumbar spine degenerative disc disease; lumbar disc disorder, chronic pain syndrome). Treatments to date have included medications and home exercise. The medical record indicates that medications work well. The treating physician documented a plan of care that included Zolpidem 10mg #30, Zolpidem 10mg #23, Tylenol 500mg #90, and Gabapentin 300mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zolpidem 10mg #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, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatments.

**Decision rationale:** The CA MTUS is silent on the use of zolpidem. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Zolpidem is not FDA approved for use greater than 35 days. In this case, the medical records do not address any prior investigation of causes of insomnia nor any use of behavioral measures to treat insomnia. Therefore, there is no documentation of the medical necessity of treatment with zolpidem and the UR denial is upheld.

**1 prescription of Zolpidem 10mg #23: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien).

**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 treatments.

**Decision rationale:** The CA MTUS is silent on the use of zolpidem. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Zolpidem is not FDA approved for use greater than 35 days. In this case, the medical records do not address any prior investigation of causes of insomnia nor any use of behavioral measures to treat insomnia. Therefore, there is no documentation of the medical necessity of treatment with zolpidem and the UR denial is upheld.

**1 prescription of Tylenol 500mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 11-12.

**Decision rationale:** CA MTUS states that acetaminophen is recommended for use for treatment of chronic pain and for exacerbation of chronic pain. The medical record in this case documents improvement in pain with acetaminophen use and its ongoing use is medically necessary.

**1 prescription of Gabapentin 300mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

**Decision rationale:** CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.