

Case Number:	CM15-0169729		
Date Assigned:	09/10/2015	Date of Injury:	04/08/2004
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old female who sustained an industrial injury on 04-08-2004. She reported left-sided rib pain. The injured worker was diagnosed as having insomnia, gait imbalance, back pain, and knee pain. Treatment to date has included evaluation of the neck, back, upper extremities, the right shoulder, elbow, wrist and hand as well as the left knee. She has had a rotator cuff repair (02/04/2015), has history of ACL tear left knee that was repaired in 2004, and she is currently using oral and topical medications. Currently, the injured worker is seen in a 3 month follow-up for her labor and industries injury. She continues with left leg pain that comes and goes that is 9 on a scale of 10- intensity and is sharp and stabbing. She relates that she uses crutches but falls a lot, and now her elbows are inflamed. The worker requests refill of Ambien CR (she states she gets groggy with no ability to function and cannot think when she takes the generic version. She denies chest pain, muscle weakness or recent injury. Her gait imbalance prohibits safe shower conditions without a shower chair to sit on for support. She has back pain and is using topical Voltaren. A request for authorization was submitted for Voltaren 1% gel #5 tubes with 3 refills, Ambien CR 12.5mg #30 with 2 refills, 1 Shower chair. A utilization review decision (08-20-2015) certified the prospective request for 1 Shower chair, modified the request for Voltaren 1% gel #5 tubes with 3 refills to Voltaren 1% gel #5 tubes with one refill between 08/13/2015 and 11/17/2015, and modified the request for Ambien CR 12.5mg #30 with 2 refills between 08/13/2015 and 11/17/2015, to Ambien CR 12.5mg #22 between 08/13/2015 and 11/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #5 tubes with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. The Voltaren 1% gel #5 tubes with 3 refills is not medically necessary and appropriate.

Ambien CR 12.5mg #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 (ODG), Mental Illness and Stress, 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 (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not

demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien CR 12.5mg #30 with 2 refills is not medically necessary and appropriate.