

<b>Case Number:</b>	CM15-0184482		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Arizona, California  
 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:

The injured worker is a 70 year old female, who sustained an industrial injury on 8-25-1999. A review of the medical records indicates that the injured worker is undergoing treatment for cervical herniated nucleus pulposus (HNP) and right carpal tunnel release. On 8-24-2015, the injured worker reported neck pain with muscle tightness and headaches, with limited range of motion (ROM), right wrist pain and weakness, and inability to sleep at night. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker's pain had increased since the medications of Fioricet and Ambien were stopped. The cervical spine examination was noted to show positive compression test, spasms and tenderness, pain with flexion, and positive trapezius and rhomboid pain. The right wrist was noted to have pain and carpal tunnel syndrome. The treatment plan was noted to include request for authorization for Fioricet and Ambien. The injured worker was instructed to remain off work. On 7-13-2015, the injured worker was noted to have neck pain with headaches and severe muscle spasms to her neck and difficulty sleeping with the pain and headaches noted to have increased since she stopped the Fioricet and Ambien. The Primary Treating Physician's request for authorization requested Fioricet 50mg #60 and Ambien 10mg #30. The Utilization Review (UR) dated 9-8-2015, non-certified the requests for Fioricet 50mg #60 and Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Floriset 50mg #60:** 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): Barbiturate-containing analgesic agents.

**Decision rationale:** Fioriset contains barbiturates, Tylenol and Caffeine. Fioriset is indicated for headaches and migraines. According to the guidelines, barbiturates containing compounds are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The claimant had been on Fioriset for several months. There is no mention of failure of other medications. Quality of headaches and response to medication was not noted in recent notes. Continued and long term use is not medically necessary.

**Ambien 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 Guideline (ODG), Treatment Workers Comp 2014 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)). Work Loss Data institute ([www.worklossdata.com](http://www.worklossdata.com)) (updated 03/31/2014).

**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 and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.