

<b>Case Number:</b>	CM15-0189827		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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 56 year old female who sustained an industrial injury on 01-11-2006. A review of the medical records indicated that the injured worker is undergoing treatment for musculoligamentous strain of the cervical spine, cervical spondylosis, musculoligamentous strain of the lumbar spine with herniated ruptured disc at L5-S1 and right leg radiculitis. According to the treating physician's progress report on 08-13-2015, the injured worker was evaluated for cervical spine flare-up and lumbar spine pain with intermittent radicular pain to the lower extremities with recent numbness over the anterolateral area worsening. Examination of the cervical spine demonstrated tenderness to palpation over the cervical spine and paracervical muscles with decreased range of motion. Palpable trigger points with positive twitch response were noted. The lumbar spine demonstrated tenderness to palpation over the lumbar spine and paravertebral muscles with muscles spasms and guarding. Palpable trigger points with positive twitch response were documented. The anterolateral aspect of the leg had residual numbness. Prior treatments have included diagnostic testing, physical therapy, trigger point injections to lumbar and cervical spine (05-2015), acupuncture therapy and medications. Current medications were listed as Motrin, Flexeril and Ambien. The injured worker is Permanent & Stationary (P&S). On 08-13-2015 the provider requested authorization for Ambien 5mg one tablet by mouth at bedtime #30 (length of use is not identified) and Motrin 600mg one tablet by mouth twice a day #60. On 09-01-2015 the Utilization Review determined the requests for Ambien 5mg one tablet by mouth at bedtime #30 and Motrin 600mg one tablet by mouth twice a day #60 were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5mg one tablet by mouth at bedtime quantity 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.

**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 unknown length of time. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem(Ambien) is not medically necessary.

**Motrin 600mg one tablet by mouth twice a day quantity 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain reduction scores with use of medication was not provided. Continued use of Motrin is not medically necessary.