

<b>Case Number:</b>	CM15-0189839		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<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: California

Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 63 year old male, who sustained an industrial injury on 06-14-2005. The injured worker was diagnosed as having cervical spine disc syndrome with strain-sprain disorder and radiculopathy, lumbar sacral spine disc syndrome with strain-sprain disorder and radiculopathy and right rotator cuff syndrome with right suprascapular neuropathy and chronic pain syndrome with idiopathic insomnia. On medical records dated 08-24-2015, the subjective complaints were noted as neck, low back, and right shoulder pain. Objective findings were noted as reduced range of motion of cervical spine, lumbosacral and right shoulder in all planes with a positive drop test. Reduced strength in distribution of right suprascapular nerve, reduced sensation and strength in the distribution of bilateral C7 and the bilateral S1 spinal nerve roots, absent bilateral triceps and bilateral ankle deep tendon reflexes and augmented touch fool gap and reduced bilateral straight -leg arising measurement. Treatments to date included medication. No scale was mentioned in progress notes. The injured worker underwent laboratory studies. The injured worker was noted to be permanent and stationary. Current medications were listed as Percocet, OxyContin, Lidocaine patches, Anaprox DS, and Prilosec on 04-28-2015. The injured worker was been on Percocet, OxyContin, and Lidocaine Patches since at least 04-28-2015. The Utilization Review (UR) was dated 09-22-2015. A Request for Authorization for Zolpidem 10mg #30 (DOS 08-11-2015), Lidocaine pad 5% #60 (08-11-2015), Oxycontin 40mg #90 (DOS 08-06-2015) and Oxycodone- APAP 10-325mg #120 (08-06-2015) was submitted. The UR submitted for this medical review indicated that the request for Zolpidem 10mg #30 (DOS 08-

11-2015), Lidocaine pad 5% #60 (08-11-2015), Oxycontin 40mg #90 (DOS 08-06-2015) and Oxycodone- APAP 10-325mg #120 (08-06-2015) were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem 10mg #30 (DOS 8/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental (stress)/ Zolpidem (Ambien).

**Decision rationale:** The request is for the use of zolpidem. The official disability guidelines state the following regarding the use of this medication: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment for zolpidem (brand names Ambien, Edluar, Intermezzo, Zolpimist). See also the Pain Chapter. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. Ambien CR offers no significant clinical advantage over regular release zolpidem, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires lower doses for zolpidem. The ER product is still more risky than IR. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (Pain Chapter) Emergency department (ED) visits for adverse reactions related to zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Women and the elderly appear to be most prone to adverse reactions linked to zolpidem. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene. By 2010 there were 64,175 ED visits involving zolpidem. The report stresses that zolpidem should be used safely for only a short period of time. (SAMHSA, 2013) Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this counter therapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. The study also identified sleep spindles as the mechanism that enables the brain to consolidate emotional memory. Sleep spindles are brief bursts of brain activity that occur primarily during non-rapid eye movement (REM) sleep. (Kaestner, 2013) New analysis from SAMHSA shows that overmedicating with zolpidem led to a near doubling of emergency department (ED) visits during the periods 2005-2006 and 2009-2010. (SAMHSA,

2014) In this case, zolpidem is not indicated. This is secondary to the prolonged duration of use. As such, the request is not medically necessary.

**Lidocaine pad 5% #60 (DOS 8/10/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request is for the use of topical lidocaine. The MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, as stated above, the patient does not meet the criteria for use of this product in this formulation. There is a requirement of documentation of a first-line therapy trial prior to use of a lidocaine dermal patch. There is also no other commercially approved topical formulations of lidocaine indicated for neuropathic pain other than Lidoderm. As such, the request is not medically necessary.

**Oxycontin 40mg #90 (DOS 8/6/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments". In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**Oxycodone/APAP 10/325mg #120 (DOS 8/6/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments". In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.