

<b>Case Number:</b>	CM15-0193267		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 46 year old male who sustained an industrial injury on 8-29-13. He is not working. The medical records indicate that the injured worker is being treated for cervicogenic headaches; cervical facet arthropathy; right lateral pain; right median neuropathy; bilateral acromioclavicular joint arthritis and impingement; bilateral unlar neuropathy; depression; anxiety; insomnia; muscle spasms; temporomandibular joint disorder. He currently (9-18-15) complains of burning pain in the neck which has increased since he is off Lyrica; headaches. He reports a pain level of 8 out of 10. The physical exam dated 9-9-15 revealed tenderness bilaterally in the temporomandibular area and masseter muscles with clicking. His physical exams remain unchanged with headache and jaw pain from 1-14-15 through 9-18-15. His pain level is consistent at 7-8 out of 10. He reports better sleep since he has used special pillows. (per 3-18-15 note). Treatments to date include medications: ibuprofen, Zolpidem (stopped on 3-18-15 and Lunesta started, then on 8-13-15 note indicates he is on Zolpidem), Norco, Voltaren gel (since at least 8-13-15) and has been on Lyrica and nortriptyline which have been stopped, omeprazole, Lunesta, Seroquel; trigger point injections in the masseler muscles (6-19-15) with benefit; occipital nerve block (4-8-15). The request for authorization dated 9-9-15 was for Zolpidem 12.5mg #30 with 3 refills; Voltaren gel 1% with 5 refills. On 9-25-15 Utilization Review non-certified the requests for Zolpidem 12.5 mg #30 with 3 refills; Voltaren Gel 1% #100grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 12.5mg quantity 30 with three 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, 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 (Chronic) Chapter, under Zolpidem.

**Decision rationale:** The patient presents with headaches and TMJ problem. The request is for Zolpidem 12.5mg quantity 30 with three refills. The request for authorization is dated 09/09/15. Patient's diagnoses include TMJ pathology, followed by his dentist; cervicogenic headache; cervical facet arthropathy; myofascial pain; right median neuropathy; bilateral AC joint arthritis and impingement; bilateral ulnar neuropathy; depression. Physical examination reveals tenderness in the TMJ joints and masseter muscles. Opening and closing of jaws is associated. There is clicking bilaterally at the TMJ joint worse on the left than on the right side. Opening and closing is with an opening of about 1.5 inches. Patient has had good relief with the trigger point injections in masseter muscles; however, he still has significant clicking and pain in his TMJ joints. Patient's medications include Norco, Zolpidem, Voltaren Gel, and Ibuprofen. Per progress report dated 09/18/15, the patient is not able to return to work as his employer cannot meet his work restrictions. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)" Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Zolpidem on 01/14/15. ODG recommends Zolpidem for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Zolpidem Quantity 30 with Three Refills would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Voltaren gel 1%, apply three times per day, quantity 100gms with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Diclofenac.

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

**Decision rationale:** The patient presents with headaches and TMJ problem. The request is for Voltaren gel 1%, apply three times per day, quantity 100gms with five refills. The request for authorization is dated 09/09/15. Patient's diagnoses include TMJ pathology, followed by his dentist; cervicogenic headache; cervical facet arthropathy; myofascial pain; right median neuropathy; bilateral AC joint arthritis and impingement; bilateral ulnar neuropathy; depression. Physical examination reveals tenderness in the TMJ joints and masseter muscles. Opening and closing of jaws is associated. There is clicking bilaterally at the TMJ joint worse on the left than on the right side. Opening and closing is with an opening of about 1.5 inches. Patient has had good relief with the trigger point injections in masseter muscles; however, he still has significant clicking and pain in his TMJ joints. Patient's medications include Norco, Zolpidem, Voltaren Gel, and Ibuprofen. Per progress report dated 09/18/15, the patient is not able to return to work as his employer cannot meet his work restrictions. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Voltaren Gel. The patient continues to suffer from headaches and TMJ problem. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. Therefore, the request IS NOT medically necessary.