

<b>Case Number:</b>	CM15-0196598		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, North Carolina  
 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 60 year old female, who sustained an industrial injury on 5-10-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, neck sprain-strain, cervicocranial syndrome, depression, post concussion syndrome, and adjustment disorder with depressed mood. On 7-22-2015, the injured worker reported near constant headaches, ongoing neck pain with radiation into the occiput and occasionally the vertex of the head, intermittent vertigo and dizziness, and frequent flare ups of pain and sleep difficulties. The Primary Treating Physician's report dated 7-22-2015, noted the injured worker's Nabumetone had been helpful in better management of the injured worker's pain, and the Ambien was beneficial to her sleeping difficulties. The injured worker's current medications were noted to include Meclizine, Ambien CR, Venlafaxine, Cyclobenzaprine, Nabumetone, Aspirin, and Metformin. The physical examination was noted to show the injured worker appearing depressed with a flattened affect, tenderness to palpation over the left posterior cervical paraspinal muscles and over the left trapezius, spasms in the left cervical paraspinal muscles, and tenderness over the left occiput. Prior treatments have included physical therapy, TENS, H-wave, chiropractic treatments, cervical facet injections, trigger point injection, home exercise program (HEP), work modifications, acupuncture, Functional Restoration Program, and medications including Trazodone, Seroquel, noted to be not helpful for her sleep, Flexeril, Venlafaxine, and Orphenadrine. The treatment plan was noted to include Naproxen Sodium, Venlafaxine HCL ER, and Ambien CR, prescribed since February 2015, with Nabumetone discontinued, and acupuncture recommended. On 5-20-2015, the injured worker

was noted to be using Nabumetone 1-2 times a day. The injured worker's work status was noted to be off of work since 11-3-2012. The request for authorization was noted to have requested retrospective Ambien CR 12.5mg #30 with 3 refills (DOS 07-22-2015) and retrospective Nabumetone (Relafen) 50mg #90 (DOS 05-20-2015). The Utilization Review (UR) dated 9-17-2015, denied the requests for Ambien CR 12.5mg #30 with 3 refills (DOS 07-22-2015) and retrospective Nabumetone (Relafen) 50mg #90 (DOS 05-20-2015).

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

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

#### **Retrospective Ambien CR 12.5mg #30 with 3 refills (DOS 07/22/2015): 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 & Stress (updated 08/31/2015)- Online Version ; ODG Pain (updated 09/08/2015)- Online Version.

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

**Decision rationale:** CA MTUS does not specifically address the use of Ambien CR 12.5 mg. ODG has been referenced in this request. The patient bent forward and stood up striking her head on a vault door knob and complains of chronic neck and head pain. MRI of the cervical spine was normal. Her diagnosis is neck sprain. The request is for Ambien CR 12.5 mg #30 with 3 refills. Ambien is not approved for chronic use beyond 24 weeks. It is not clear how long this patient has been taking Ambien. In addition, the FDA guidelines now require that patients such as this should be prescribed no more than 6.25 mg of the Ambien CR. Therefore, due to lack of documentation of duration of Ambien and excessive dosage prescribed, this request is not medically necessary or appropriate.

#### **Retrospective Nabumetone (Relafen) 50mg #90 (DOS 05/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Relafen is an NSAID that is not recommended for chronic use. It is recommended for short-term use for the shortest period at the lowest dose. In this case, there is no documented evidence of significant pain relief or improved function secondary to the use of Relafen. There are significant GI and cardiovascular risk factors associated with the use of chronic NSAIDs. Therefore the request is not medically necessary or appropriate.

