

<b>Case Number:</b>	CM15-0201034		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 46 year old male, who sustained an industrial injury on 7-30-03. The injured worker is diagnosed with chronic pain and insomnia. A note dated 8-24-15 reveals the injured worker presented with complaints of constant low back and left lower leg radicular pain described as sharp and throbbing rated at 4 out of 10. Physical examinations dated 6-1-15 and 8-24-15 revealed the injured worker was in no apparent distress and chronic pain and insomnia are stable. His back pain is without significant changes. Treatment to date has included surgical intervention; lumbar microdiscectomy, L5-S1 fusion, medications; Butrans patch, Norco, Ambien (8-2015), Arthrotec (8-2015), Amitriptyline (8-2015) and Benazepril and a TENS unit. A request for authorization dated 9-17-15 for Ambien 10 mg #30 with 2 refills is denied, Amitriptyline 25 mg #90 with 11 refills is modified to 2 refills and Arthrotec 75-0.2 mg #60 with 11 refills is denied, per Utilization Review letter dated 9-30-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien tablet 10mg (#30 refill 2) qty 90.00: 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) Pain (insomnia).

**Decision rationale:** CA MTUS/ACOEM is silent regarding the use of Ambien. The ODG does not recommend the use of Ambien on a long-term basis for the treatment of insomnia. The request is for Ambien 10 mg daily for 90 days, which is contrary to guidelines for short-term use. In addition, there is no documentation of duration and frequency of sleep disturbance, results of sleep behavior modification attempts or documentation of failed trials of other treatments. Therefore, the appropriateness of the request is not medically necessary or established.

**Amitriptyline 25mg (#90 refill 11) qty 1080.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** CA MTUS/ACOEM Guidelines supports the use of antidepressants like Amitriptyline as first-line agents for neuropathic and possibly non-neuropathic pain. Periodic assessment of treatment efficacy should include pain outcomes, functional improvement, changes in the use of other analgesic medications, side effects, sleep quality and duration, and psychological assessments. This patient has chronic low back pain, which is well documented. Based on the guidelines, the necessity of the Amitriptyline is established. However, the request for Amitriptyline 25 mg #90 with 11 refills (1,080 tablets, 1-year supply) is excessive. The patient should be monitored for the above outcomes on a basis more frequent than yearly. Therefore, the request is not medically necessary or appropriate.

**Arthrotec tablet 75-0.2mg (#60 refill 11) qty 720.00: 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Arthrotec is a combination medication containing the NSAID Diclofenac and the GI protectant Cytotec. It is recommended for patients with osteoarthritis who have a high risk of developing NSAID-induced GI adverse events. In this case, there is no documentation of a high-risk condition predisposing the patient to adverse events, such as age over 65 years; history of GI hemorrhage, PUD or perforation; concomitant use of ASA, corticosteroids or anticoagulants; or high dose/multiple NSAIDs. Thus, the medical necessity of Arthrotec is not established and the request is not medically necessary.