

<b>Case Number:</b>	CM15-0217617		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/07/2008
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: 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 64 year old male, who sustained an industrial injury on January 7, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radiculopathy, chronic pain syndrome and sleep disorder- insomnia type. Treatment to date has included medications, modified work duty, home exercises and physical therapy. On August 28, 2015, the injured worker complained of left shoulder pain radiating to the left trapezius and neck. The symptoms were noted to have gotten worse over the past few months. The injured worker also reported difficulty sleeping. He rated his pain at a 7-8 on a 1-10 pain scale. Notes stated he continued to use amitriptyline, Valium and Ambien. On September 25, 2015, the injured worker reported continued difficulty weaning himself off his diazepam and Ambien. He reported his nortriptyline to help improve his mood. The plan was for him to come off at least one of the medications over the next several months. The treatment plan included a refill of nortriptyline, refill of diazepam and refill of Ambien. On October 13, 2015, utilization review denied a request for refill Ambien Zolpidem Tartrate 10mg #28, Diazepam 5mg #28 and refill Nortriptyline 25mg #28.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Ambien Zolpidem Tartrate 10mg #28: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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/Ambien.

**Decision rationale:** According to ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications 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. The medical records note that the injured worker has been educated in proper sleep hygiene and the goal is to taper Ambien. The request for Refill Ambien Zolpidem Tartrate 10mg #28 is medically necessary and appropriate.

**Diazepam 5mg #28:** Overturned

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, the medical records note that the injured worker has been weaned from opioids. The injured worker is currently prescribed benzodiazepine and sleep aid, and the plan is for first weaning of the sleep aid. The injured worker reported continued difficulty weaning himself off his diazepam and Ambien. The treating physician is planning a slow taper of the medications and the request for diazepam is supported. The request for Diazepam 5mg #28 is medically necessary and appropriate.

**Refill Nortriptyline 25mg #28:** Overturned

**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): Tricyclics, Antidepressants for chronic pain.

**Decision rationale:** Per the MTUS guidelines (tricyclic antidepressants) are a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Nortriptyline is a first line antidepressant and the medical records note efficacy with the utilization of this medication. The medical records do not establish adverse effects with the utilization of nortriptyline. The request for Refill Nortriptyline 25mg #28 is medically necessary and appropriate.