

<b>Case Number:</b>	CM15-0220465		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 38-year-old female with a date of industrial injury 5-24-2013. The medical records indicated the injured worker (IW) was treated for right and left knee sprain-strain. In the physical therapy notes (3-3-15), the IW reported bilateral knee pain, rated 6 to 7 out of 10 on the right and 9 out of 10 on the left, which was unchanged. The pain was associated with tingling, weakness and stiffness bilaterally and numbness on the left. The pain was worse with walking, pushing, sitting, standing, pulling, twisting, lifting, squatting, reaching, kneeling and navigating stairs. On examination (3-3-15 notes), there was tenderness over the patellar tendon and anterior legs bilaterally. Range of motion was 135 to 0 degrees bilaterally. Knee flexors and extensors were 4 out of 5 bilaterally. Treatments included physical therapy and home exercise program. The IW stated therapy was helping; short term and long term goals were not met. There was no reference in the notes to the rationale for the medications requested and the records submitted were more than six months old. There were no recent notes to support efficacy of the medications or improved function achieved by taking them. A Request for Authorization was received for Bupirone HCl 5 mg, one daily as needed, #30 and Zolpidem tartrate 10 mg tablet, one at bedtime as needed, #30. The Utilization Review on 10-26-15 non-certified the request for Bupirone HCl 5 mg, one daily as needed, #30 and Zolpidem tartrate 10 mg, one at bedtime as needed, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspirone HCL 5mg tab, 1 tab by mouth daily PRN #30: 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): Introduction. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/buspar.html>.

**Decision rationale:** Buspirone HCL 5mg tab, 1 tab by mouth daily PRN #30 is not medically necessary per the MTUS Guidelines and an online review of this medication. A review online of this medication states that Buspirone is indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. The MTUS does not specifically address Buspar. However, the MTUS states that the physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The MTUS states that it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The documentation is not clear how long the patient has been on Buspar or documentation of functional improvement on Buspar therefore this request is not medically necessary.

**Zolpidem Tartrate 10mg tablet, 1 tab by mouth at bedtime PRN #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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)-Zolpidem (Ambien).

**Decision rationale:** Zolpidem Tartrate 10mg tablet, 1 tab by mouth at bedtime PRN #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that 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. The documentation is not clear how long the patient has been on Zolpidem or evidence of efficacy. Furthermore, the ODG does not recommend this medication long term. The request for Zolpidem 10mg is not medically necessary.