

<b>Case Number:</b>	CM15-0036506		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, Michigan  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 73-year-old male, who sustained an industrial injury on 7/25/01. He has reported left hand, left shoulder, left elbow, right hand, left knee, back, left hip and left eye. The diagnoses have included left radial head fracture, bilateral thoracic outlet syndrome, compensatory right lateral and medial epicondylitis refractory, left hip trochanteric bursitis, left plantar bursitis, degenerative lumbar disc disease, tennis elbow, obstructive sleep apnea and hypertension. Treatment to date has included physical therapy, aquatic therapy, home exercise program, oral medications and topical medications. Currently, the injured worker complains of daily right elbow pain and pain of proximal dorsal forearm. Full range of motion of right elbow with pain at extremes of flexion and extension was noted on physical exam, exquisite persistent tenderness over the right lateral epicondyle was also noted on 1/14/15. On 2/2/15 Utilization Review non-certified Zolpidem 10mg #15 for weaning, neuropsychiatric testing follow up appointment, Spectrum health club membership with aquatic therapy, noting there is no documentation from previous membership indicating significant improvement; Voltaren Gel, Lyrica 50mg #90. The MTUS, ACOEM Guidelines, ODG and Non-MTUS were cited. On 2/19/15, the injured worker submitted an application for IMR for review of Zolpidem 10mg #15 for weaning, neuropsychiatric testing follow up appointment, Spectrum health club membership with aquatic therapy, Voltaren Gel, Lyrica 50mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Zolpidem.

**Decision rationale:** The MTUS / ACOEM did not specifically address the use of Ambien (zolpidem) therefore, other guidelines were consulted. Per the ODG 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. Due to adverse effects, FDA now requires lower doses for zolpidem. Recommended dosing for adults is 5-10mg qhs, the request is for Zolpidem 10mg #180, which would be a 6-month supply of the medication, this medication is not recommended for long-term use and therefore the request for Zolpidem 10mg #180 is not medically necessary.

**Neuropsychiatric testing F/U: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head / neuropsychological testing.

**Decision rationale:** The MTUS / ACOEM did not specifically address the use of neuropsychiatric testing therefore other guidelines were consulted. Neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI

and neuro-cognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neuro-cognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009) Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The computer-based programs Immediate Post concussion Assessment and Cognitive Testing (ImPACT), CogSport, Automated Neuro-psychological Assessment Metrics (ANAM), Sports Medicine Battery, and Head Minder may have advantages over paper-and-pencil neuropsychological tests such as the McGill Abbreviated Concussion Evaluation (ACE) and the Standardized Assessment of Concussion (SAC). (Cantu, 2006) The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. A review of the injured workers medical records that are available to me do not contain a diagnosis, subjective and objective findings that would warrant a neuropsychiatric consult. Based on this lack of information medical necessity cannot be established.

#### **Health Club Membership with Aquatic therapy: 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), Low back, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg (acute and chronic) / gym memberships.

**Decision rationale:** The MTUS/ ACOEM did not specifically address the use of health club memberships and therefore other guidelines were consulted. Per the ODG health club or gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. A review of the injured workers medical records do not show extenuating circumstances that would necessitate deviating from the guidelines and therefore the request for Health Club Membership with Aquatic therapy is not medically necessary.

#### **Lyrica 50mg #270: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepilepsy drugs (AED's)) Page(s): 16-22.

**Decision rationale:** Per the MTUS, Antiepilepsy drugs are recommended for neuropathic pain, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and is considered first line treatment for both, the choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A review of the injured workers medical records that are available to me show that he had been started on gabapentin and has now been switched to Lyrica and there is no documentation of any adverse effects or his response to gabapentin, there is also no subjective or objective documentation of his response to Lyrica and if there are any side effects and without this information medical necessity cannot be established.

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Voltaren gel is FDA approved and is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, maximum dosing should not exceed 32g per day, 8g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity, however a review of the injured workers medical records do not show a dosing regimen and there is no quantity in the request, without this information medical necessity cannot be established.