

<b>Case Number:</b>	CM15-0041302		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 57 year old female, who sustained an industrial injury on 1/29/03. She has reported a neck injury while at work. The diagnoses have included cervical spinal stenosis and cervical disc displacement. Treatment to date has included medications, surgery, physical therapy, conservative measures and Home Exercise Program (HEP). Surgery has included cervical decompression and fusion on 4/1/04, status post right shoulder arthroscopy times two in 2005 and 2007, and status post removal of anterior cervical plate 7/2005. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 5/21/14. Currently, as per the physician progress note dated 1/29/15, the injured worker complains of moderate to severe neck pain and difficulty performing her activities of daily living (ADL's). The physical exam revealed that the cervical spine range of motion causes painful symptoms. There were cervical spasms, tenderness and decreased range of motion with extension and rotation. The current medications included Xanax, Lexapro, Oxycontin, Ambien and Topamax. It was noted by the physician that the injured worker states that the medications improve her pain level to control the pain to allow her to tolerate activity. The urine drug screen dated 1/22/15 was consistent with medication prescribed. The physician requested treatments included Ambien 10mg #30 #150 with 5 refills and Topamax 50mg #60 1 PO BID with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 #150 with 5 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline).Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 05/01/2015.Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 38.0. UpToDate. Accessed 05/01/2015.

**Decision rationale:** Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records did not detail when this medication was started. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 10mg with five refills is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Topamax 50mg #60 1 PO BID with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anti-epilepsy drugs (AEDs) for pain, Topiramate.

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

**Decision rationale:** Topamax (topiramate) is a medication in the anticonvulsant class. The MTUS Guidelines recommend its use for neuropathic pain when other anticonvulsant

medications have failed. The literature demonstrates variable efficacy with central neuropathic pain. The submitted and reviewed documentation indicated the worker was experiencing neck pain. There was no mention of seizures or description of neuropathic pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Topamax (topiramate) 50mg with five refills taken as one tablet orally twice daily is not medically necessary.