

<b>Case Number:</b>	CM15-0086156		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Texas, Florida, California  
 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 51 year old female, who sustained an industrial injury on 12/05/2010. The initial complaints or symptoms included low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, lumbar epidural steroid injections, and conservative therapies. Currently, the injured worker complains of low back pain with radicular symptoms into both lower extremities. The injured worker reported that the epidural steroid injection did not provide 50% pain relief. The diagnoses include herniated lumbar disc with radiculitis and a positive MRI, bilateral hip trochanteric bursitis, status post umbilical hernia repair (x3), insomnia, and anxiety/depression. The request for authorization included medications consisting of Ultram ER 150mg #60 with no refills, Voltaren ER 100mg #60 with no refills, and Ambien 10mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Narcotic Ultram ER 150mg no refills requested quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** This claimant was injured now five years ago. There has been extensive treatment and diagnostics, but with continued subjective pain. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

**Medication Voltaren ER 100mg no refills requested quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. and ODG, pain section, under Diclofenac Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Diclofenac.

**Decision rationale:** This claimant was injured now five years ago. There has been extensive treatment and diagnostics, but with continued subjective pain. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately not medically necessary.

**Medication Ambien 10mg quantity 30 refills 1: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

**Decision rationale:** This claimant was injured now five years ago. There has been extensive treatment and diagnostics, but with continued subjective pain. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that 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. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long term usage. The medicine is appropriately not medically necessary.