

<b>Case Number:</b>	CM14-0140467		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38-year-old male with an injury date of 03/9/05. Based on the 07/21/14 progress report provided by [REDACTED] the patient complains of headaches, low back pain and sleep difficulty. The headaches are left frontal/posterior and are relieved on a temporary basis with the use of Hydrocodone. They have become less severe since treatment was initiated with Propranolol, which is prescribed for headache prophylaxis. Sleep difficulty is partially relieved with the use of Zolpidem at bedtime. A sleep study was performed on 09/14/13, but there are no results available. Progress report dated 08/11/14 by [REDACTED], states that patient is status post removal of instrumentation at L3-L4 and L4-L5 on 06/07/11. Diagnosis 08/11/14- status post removal of instrumentation at L3-L4 and L4-L5, 06/07/11- low back pain- lumbar radiculopathy. The utilization review determination being challenged is dated 08/14/14. The rationale follows: 1) Zolpidem Tartrate, 10mg #30: "Indicated for short-term management of insomnia." 2) Propranolol HCl 40mg, #60: "No documentation of a diagnosis of migraine headache. This medication is not indicated for other types of headaches." [REDACTED] is the requesting provider and he provided frequent reports from 02/17/14 - 08/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 10mg #30:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

**Decision rationale:** The patient is status post removal of instrumentation at L3-L4 and L4-L5, 06/07/11 and presents with headache, low back pain and sleep difficulty. The request is for Zolpidem Tartrate, 10mg #30. His diagnosis dated 08/11/14 included low back pain and lumbar radiculopathy. Sleep difficulty is partially relieved with the use of Zolpidem at bedtime. A sleep study was performed on 09/14/13, but there are no results available. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia, however, the treater is requesting 10mg #30. ODG Guidelines do not recommend long-term use of this medication, recommendation is for denial.

**Propranolol HCL 40mg, #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Botulinum toxin for chronic migraine

**Decision rationale:** The patient is status post removal of instrumentation at L3-L4 and L4-L5, 06/07/11 and presents with headache, low back pain and sleep difficulty. The request is for Propanolol HCl 40mg, #60. His diagnosis dated 08/11/14 included low back pain and lumbar radiculopathy. The headaches are left frontal/posterior and are relieved on a temporary basis with the use of Hydrocodone. MTUS is silent regarding this drug. ODG-TWC: Head Chapter: Botulinum toxin for chronic migraine states: "Criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: - Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines." ODG guidelines mentions propranolol in the context of migraine treatments trial prior to trying botox. Treater states in progress report dated 07/21/14 that headaches have become less severe since treatment was initiated with Propranolol, which is prescribed for headache prophylaxis. The treater mentions that since using this medication, the frequency of headaches has diminished. Given the patient's headaches, recommendation is for authorization.