

<b>Case Number:</b>	CM14-0200040		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/12/1992
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine 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 injured worker (IW) is a 62-year-old woman with a date of injury of March 12, 1992. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are acute gingivitis; other postsurgical status; displacement of cervical intervertebral disc without myelopathy; spinal stenosis of cervical region; and pain in joint involving shoulder region. The IW underwent a right shoulder arthroscopy January 11, 2011. Pursuant to the September 22, 2014 progress note, the IW complains of persistent aching back and leg pain. She also complains of aching pain in her neck. She is taking Excedrin, Hydrocodone, Gabapentin, Tizanidine, Omeprazole, Naproxen, Zolpidem (Ambien), Tramadol, and uses Voltaren cream. Objectively, the IW ambulates with a slow, deliberate gait. There is tenderness about the paraspinal muscles. Mild spasm is present. Range of motion is restricted. Muscle strength is 5/5 in the lower extremities. The IW has been taking Ambien, and using Voltaren cream since June of 2014 according to a progress reports with the same date. There is no evidence of objective functional improvement with Ambien and Voltaren cream. There is no subjective or objective documentation regarding insomnia. The current request is for Voltaren cream 100mg apply TID prn, and Ambien 10mg po hs #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10gm, one PO QHS #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Web Edition, Pain Chapter, Zolpidem (Ambien)

**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, Ambien (Zolpidem).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg one PO Q HS #30 is not medically necessary. Zolpidem (Ambien) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are right shoulder pain following arthroscopy; status post lumbar fusion; periodontal disease; and multilevel cervical disc desiccation and bulging with stenosis. The documentation does not contain any references to insomnia or sleep disorder. Additionally, Ambien is indicated for short-term (7 to 10 days) treatment of insomnia. The injured worker was taking Ambien for a protracted period of time (6 to 8 months) and there was no discussion of any sleep-related issues for this injured worker. Consequently, absent clinical documentation to support the ongoing use of Ambien and the clinical indication, Ambien 10 mg one PO QHS #30 is not medically necessary.

**Voltaren Cream 100mg apply TID PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren cream 100 mg applied three times daily as needed is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended neuropathic pain when trials of antidepressants and anticonvulsants have failed. Is indicated for relief of osteoarthritis pain in joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are right shoulder pain following arthroscopy; status post lumbar fusion; periodontal disease; and multilevel cervical disc desiccation and bulging with stenosis. The documentation from a June 2014 progress note indicates the injured worker was using Voltaren cream at that time. Voltaren cream is indicated for relief of osteoarthritis pain in a joint that lends itself to topical application such as the ankle, elbow, foot, etc. Documentation does not contain any evidence of osteoarthritis pain in any joint. The indication documented in the progress note is to "treat the patient's pain". Consequently, absent clinical information to support the ongoing use of Voltaren, a clinical indication and rationale, Voltaren cream 100 mg applied three times daily as needed is not medically necessary.

