

Case Number:	CM15-0000231		
Date Assigned:	01/09/2015	Date of Injury:	11/27/1996
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained a work/industrial injury as a route salesman on 11/27/96. Mechanism of injury was due to attempting to dislodge a dolly from a groove between a truck and the floor. Medical history included hypertension, Hashimoto's thyroiditis, asthma, obstructive sleep apnea with continuous positive airway pressure use. He has reported symptoms of constant pain and worsened with lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, and no sleep. Pain was 3-8/10. The diagnoses have included low back pain (lumbago), failed back surgery of the lumbar spine, radiculopathy, myalgia, xerostomia, shoulder impingement (bilaterally), erectile dysfunction secondary to medication, testicular hypofunction secondary to opioids, chronic anxiety, depression and insomnia. Treatment to date has included analgesics, topical gels/patches, and conservative measures. A request was made for 30 tablets of Ambien CR 12.5 mg, 30 tablets of Ambien 10 mg, 60 tablets of Naprosyn 500 mg with 2 refills, and 60 capsules of Cymbalta 60 mg between 12/18/14 and 2/1/15. On 12/24/14, Utilization Review modified Ambien CR 12.5 mg #30 tabs to Ambien CR 125 mg. #15; non certified Naprosyn 500 mg. #60 tabs with 2 refills; certified Cymbalta 60 mg #30; and certified Ambien 10 mg #15, noting the CA MTUS Chronic Pain and CA MTUS/ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien (Zolpidem)

Decision rationale: The request for Ambien 12.5 mg #30 is not medically necessary. The medical records indicate that the injured worker has been prescribed Ambien for an extended period of time, and according to ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Furthermore, the injured worker is being prescribed Ambien 12.5 mg CR, and per references Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 12.5 mg to 6.25 mg for ER products (Ambien CR). References further state that the ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (FDA, 2013) According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. Given the cited guidelines and concerns in regards to Ambien, the request for Ambien 12.5 mg #30 is not medically necessary.

Naprosyn 500 mg #60 with 2 refills: Overturned

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 Naproxen, Anti-inflammatory Medications Page(s): 66, 21-22.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the patient is followed for chronic pain status post lumbar spine surgery. The request for a first line anti-inflammatory medications is supported to address the inflammatory component of this patient's chronic pain syndrome. The request for Naprosyn 500mg #60 is medically necessary.

Cymbalta 60 mg #60: Overturned

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 Cymbalta (duloxetine), SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15 and 42, 1.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, SNRIs (serotonin noradrenaline reuptake inhibitors) are recommended as an option in first-line treatment of neuropathic pain. Per MTUS ,Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Duloxetine (Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. The injured worker is diagnosed with chronic neuropathic pain and the use of Cymbalta as a first line adjuvant for chronic neuropathic pain is supported. The request for Cymbala 60 mg #60 is medically necessary.

Ambien 10 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien (Zolpidem)

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The medical records indicate that the patient has been prescribed Ambien for an extended period of time, and according to ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. This medication is not recommended for long term use and therefore the request for Ambien 10 mg #30 is not medically necessary.