

Case Number:	CM15-0011858		
Date Assigned:	02/02/2015	Date of Injury:	09/30/1998
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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 59 year old female, who sustained an industrial injury on 9/30/1998. The diagnoses have included cervical nerve root compression, radiculopathy, cervicgia, lumbago, and left shoulder tenosynovitis. EMG (electromyography)/NCV (nerve conduction studies) of the upper extremities is read by the evaluating provider as an abnormal nerve conduction study suggestive of minimal right carpal tunnel syndrome and bilateral chronic active C5 radiculopathy, left greater than right. Magnetic resonance imaging (MRI) of the cervical spine was read by the evaluating provider as nonspecific straightening of the normal cervical lordosis, query strain vs secondary to diffuse spondylitic changes. Left shoulder magnetic resonance imaging (MRI) revealed acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, subscapularis tendinitis and bicipital tenosynovitis. Currently, the injured worker complains of constant sharp neck pain with radiation to the left arm, rated as 8/10. There is lumbar pain with radiation to the thoracic spine with dysesthesia, and left shoulder pain with radiation to left arm with dysesthesia. Objective findings included limited range of motion of the neck, compression causes pain. Lumbar spine has limited range of motion and a positive Kemp test. The left shoulder has limited range of motion and a positive supraspinatus press and apprehension test. The medical records indicate that on 9/10/14 Utilization Review certified a detox program. On 12/30/2014, Utilization Review non-certified a request for Zolpidem (Ambien) ER tablet 12.5mg and Fentanyl patch 100mg #15 noting that the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. The

MTUS and ODG were cited. On 1/21/2015, the injured worker submitted an application for IMR for review of Ambien CR ER tablet 12.5mg and Fentanyl patch 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg #120: 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) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Zolpidem

Decision rationale: According to ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. ODG notes that while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, 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. ODG also note that due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from from 12.5 mg to 6.25 mg for ER products (Ambien CR). 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. The medical records indicate that Ambien has been prescribed for an extended period of time. The chronic use of Ambien is not supported and the guidelines specifically cite concerns in regards to Zolpidem ER 12. 5 mg . The request for Zolpidem ER 12.5 mg #120 is not medically necessary.

Fentanyl patch 100mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page 74-96.

Decision rationale: According to the MTUS guidelines, long term use of opioids is not recommended. Chronic use of of opioids leads to tolerance and dependence. In this case, the injured worker has been prescribed opioids for an extended period of time. The medical records

indicate that a detox program has been previously certified. There is no indication of improved pain or function to support the request for Fentanyl patches. The request for Fentanyl patches is not medically necessary.