

<b>Case Number:</b>	CM15-0110391		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/01/2006
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45-year-old woman sustained an industrial injury on 1/1/2006. The mechanism of injury is not detailed. Diagnoses include major depressive disorder, generalized anxiety disorder with panic attacks, and psychological factors affecting medical condition resulting in stress-intensified headache, neck/shoulder/back muscle tension/pain, chest pain, palpitations, peptic acid reaction, and abdominal pain/cramping. Treatment has included oral and topical medications. Physician notes dated 5/6/2015 show complaints of persistent pain to her neck, left shoulder, left upper extremity, and back as well as pressured thought process and anxiety. Recommendations include Celexa, Ativan, Ambien, Flector patch, continue current medications regimen, and follow up for medication review in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 with 2 refills:** 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), Stress & Mental Illness Chapter - Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work-related injury in January 2006 and continues to be treated for neck, back, and left upper extremity pain. When seen, medications were providing benefit. Prior testing has included an Insomnia Severity Index score of 26. Diagnoses included major depressive disorder and generalized anxiety. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.

**Naproxen 550mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-73 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in January 2006 and continues to be treated for neck, back, and left upper extremity pain. When seen, medications were providing benefit. Prior testing has included an Insomnia Severity Index score of 26. Diagnoses included major depressive disorder and generalized anxiety. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and medically necessary.