

<b>Case Number:</b>	CM15-0128081		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/04/2003
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 65 year old female, who sustained an industrial injury on November 4, 2003. The injured worker was diagnosed as having lumbar strain and radiculopathy, bilateral knee strain, left knee meniscectomy, chondroplasty and synovectomy, right knee status post surgery with residual and left ankle strain. Treatment to date has included injection, knee brace, surgery, magnetic resonance imaging (MRI) and medication. A progress note dated May 13, 2015 provides the injured worker complains of back pain, bilateral knee pain and sleep difficulty. She reports intermittent locking of the right knee and persistent left knee pain although injection helped. Physical exam notes a slow forward flexed gait with limp. There is lumbar spasm, decreased range of motion (ROM) and straight leg raise is mildly positive. The knees are swollen and tender with the right greater than the left. There is bilateral decreased range of motion (ROM) and crepitus and a brace on the left knee. The plan includes Voltaren gel, ibuprofen, Zantac, Ambien, Cidaflex, knee braces and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, he has been taking an NSAID since 2012. Long-term use of NSAIDs is not supported by the guidelines; therefore, the request for Ibuprofen 800 mg is not medically necessary.

**Zantac 150 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Zantac contains ranitidine, which is an H2 receptor antagonist. The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Zantac or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. In this case, the request for Ibuprofen is not supported; therefore, the request for Zantac 150 mg, sixty count is not medically necessary.

**Ambien 10 mg:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of Zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use Zolpidem have a greater than 3-fold increased risk for

early death. Due to adverse effects, FDA now requires lower doses for Zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has been taking Ambien chronically for some time and there have been two previous utilization review denials for the medication. The request for Ambien 10 mg is not medically necessary.