MAXIMUS Federal Services

| Case Number: | CM15-0171600 | | |
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| Date Assigned: | 09/21/2015 | Date of Injury: | 07/09/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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:

The injured worker is a 28 year old female, who sustained an industrial injury on July 9, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical sprain, right shoulder sprain, depression, insomnia and lumbar sprain and strain. Treatment to date has included diagnostic studies, physical therapy, epidural steroid injections, home exercises, transcutaneous electrical nerve stimulation unit wtih benefit and medication. After a bilateral L4-5 transforaminal epidural steroid injection, the injured worker stated that her low back and leg pain was reduced by approximately 60%, increasing her activity. On July 1, 2015, the injured worker reported to sleep in three hour increments. Notes stated that she does not sleep well due to the pain. On July 29, 2015, the injured worker complained of neck pain and constant low back pain going down to the right pelvic area. She stated that her entire spine was hurting and she was having radiation of pain to the right upper extremity. She stated that she recently received approval for acupuncture. Physical examination revealed tenderness to the cervical spine, right elbow and right side of the lumbar spine. Cervical compression test, Neer's and Hawkins were all positive. Tinel's sign was positive on the right side. A urine drug screen was performed. The treatment plan included Ambien, Percocet, Voltaren gel 5%, acupuncture, cervical foraminotomy at C2-3, home exercises and a follow-up visit. On August 5, 2015, utilization review denied a request for Voltaren gel 5% #120gm and Ambien 5mg #30. A request for Ambien 5mg #20 only was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 5 percent #120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for neck and low back pain, right shoulder and wrist pain, headaches, and insomnia. When seen, she was having nightmares. A prior assessment references difficulty sleeping likely due to pain. Pain was rated at 7-8/10. Physical examination findings included cervical paravertebral pain, tightness, and stiffness. There was pain with cervical spine rotation and side bending. Cervical compression testing was positive on the right side. There was right acromioclavicular joint tenderness with decreased range of motion, positive impingement testing, and weakness. She had right medial epicondyle tenderness. There was decreased right median nerve distribution sensation with positive Tinel's testing. There was lumbar spine tenderness with decreased range of motion and negative straight leg raising. The claimant's BMI is 29. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Voltaren gel is not medically necessary.

**Ambien 5mg 1 PO QHS #30:** 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 - 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in July 2012 and continues to be treated for neck and low back pain, right shoulder and wrist pain, headaches, and insomnia. When seen, she was having nightmares. A prior assessment references difficulty sleeping likely due to pain. Pain was rated at 7-8/10. Physical examination findings included cervical paravertebral pain, tightness, and stiffness. There was pain with cervical spine rotation and side bending. Cervical compression testing was positive on the right side. There was right acromioclavicular joint tenderness with decreased range of motion, positive impingement testing, and weakness. She had right medial epicondyle tenderness. There was decreased right median nerve distribution sensation with positive Tinel's testing. There was lumbar spine tenderness with

decreased range of motion and negative straight leg raising. The claimant's BMI is 29. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine 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. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.