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| <b>Case Number:</b>   | CM15-0174816 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 07/11/2003 |
| <b>Decision Date:</b> | 10/26/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 07-11-2003. Current diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion-lumbar, tear biceps tendon right shoulder, status post open surgical repair of rotator cuff and biceps tendon-right shoulder, disc bulges-thoracic, left S1 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, carpal tunnel syndrome bilateral wrists, deQuervain's tendinitis bilateral wrists, status post Guyon's canal release-bilateral wrists, disc protrusion C6-7, disc osteophyte complexes-cervical, disc bulge T1-2, severe cord compression-cervical, disc protrusion L1-2, disc bulge L2-3, facet hypertrophy-lumbar spine, lateral epicondylitis left elbow, cubital tunnel syndrome-right elbow, and status post right ulnar nerve transposition. Report dated 08-13-2015 noted that the injured worker presented with complaints that included low back pain and stiffness with radiation to the back of both thighs, neck pain and stiffness with radiation to the shoulders and back of shoulder blades, spasms in both forearms and hands, increased right shoulder pain with stiffness, pain in bilateral elbows, and mild weakness in both wrists. Medication regimen included Tramadol, Ambien, Prilosec, and Motrin. Pain level was not included. Physical examination performed on 08-13-2015 revealed tenderness over the left sciatic notch. Previous treatments included medications, surgical interventions, therapy, and injections. The treatment plan included requests for chiropractic therapy, MRI of the lumbar spine, continue Tramadol, ibuprofen, omeprazole, and zolpidem, continue use of tennis elbow brace for left elbow, ketorolac-xylocaine intramuscular injection, and return in 8-10 weeks. Work status was documented as return to work

on 06-02-2015 with no shooting qualifications. The injured worker has been prescribed zolpidem and ibuprofen since at least 05-14-2013. Request for authorization dated 08-14-2015, included requests for chiropractic, MRI of the lumbar spine, ibuprofen, omeprazole, Zolpidem, and ketorolac-xylocaine intramuscular injection. The utilization review dated 08-25-2015, non-certified the request for Zolpidem, ibuprofen, and ketorolac-xylocaine intramuscular injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zolpidem 10 mg, thirty count with four 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem (Ambien).

**Decision rationale:** The patient was injured on 07/11/03 and presents with low back pain, neck pain, shoulder pain, elbow pain, and wrist pain. The request is for Zolpidem 10 MG, thirty count with four refills. The RFA is dated 08/14/15 and the patient is working with restrictions. The patient has been taking this medication as early as 02/03/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance." Long term studies have found Ambien CR to be effective for up to 24 weeks in adults. The patient is diagnosed with musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion-lumbar, tear biceps tendon right shoulder, status post open surgical repair of rotator cuff and biceps tendon-right shoulder, disc bulges-thoracic, left S1 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, carpal tunnel syndrome bilateral wrists, deQuervain's tendinitis bilateral wrists, status post Guyon's canal release-bilateral wrists, disc protrusion C6-7, disc osteophyte complexes-cervical, disc bulge T1-2, severe cord compression-cervical, disc protrusion L1-2, disc bulge L2-3, facet hypertrophy-lumbar spine, lateral epicondylitis left elbow, cubital tunnel syndrome-right elbow, and status post right ulnar nerve transposition. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the treater has requested for 30 tablets of Zolpidem with 3 refills, which exceeds the 7-10 days recommended by ODG Guidelines. Furthermore, there is no indication that the patient has insomnia or difficulty sleeping. The requested Zolpidem is not medically necessary.

**Ibuprofen 800 mg, ninety count with five refills:** 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): Anti-inflammatory medications.

**Decision rationale:** The patient was injured on 07/11/03 and presents with low back pain, neck pain, shoulder pain, elbow pain, and wrist pain. The request is for Ibuprofen 800 MG, ninety count with five refills. The RFA is dated 08/14/15 and the patient is working with restrictions. The patient has been taking this medication as early as 02/03/15. MTUS Guidelines, Anti-inflammatory Medications Section, page 22 states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion-lumbar, tear biceps tendon right shoulder, status post open surgical repair of rotator cuff and biceps tendon-right shoulder, disc bulges-thoracic, left S1 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, carpal tunnel syndrome bilateral wrists, deQuervain's tendinitis bilateral wrists, status post Guyon's canal release-bilateral wrists, disc protrusion C6-7, disc osteophyte complexes-cervical, disc bulge T1-2, severe cord compression-cervical, disc protrusion L1-2, disc bulge L2-3, facet hypertrophy-lumbar spine, lateral epicondylitis left elbow, cubital tunnel syndrome-right elbow, and status post right ulnar nerve transposition. None of the reports provided discuss how Ibuprofen has impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Ibuprofen is not medically necessary.

**One ketorolac/Xylocaine intramuscular injection:** 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The patient was injured on 07/11/03 and presents with low back pain, neck pain, shoulder pain, elbow pain, and wrist pain. The request is for one Ketorolac/Xylocaine intramuscular injection to the upper arm or upper buttock area for relief of the back symptoms. The RFA is dated 08/14/15 and the patient is working with restrictions. The patient had this prior injection on 02/03/15. MTUS Guidelines states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118- 122, Intramuscular ketorolac vs. oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain."The patient is diagnosed with musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion-lumbar, tear biceps tendon right shoulder, status post open

surgical repair of rotator cuff and biceps tendon-right shoulder, disc bulges-thoracic, left S1 radiculopathy, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, carpal tunnel syndrome bilateral wrists, deQuervain's tendinitis bilateral wrists, status post Guyon's canal release-bilateral wrists, disc protrusion C6-7, disc osteophyte complexes-cervical, disc bulge T1-2, severe cord compression-cervical, disc protrusion L1-2, disc bulge L2-3, facet hypertrophy-lumbar spine, lateral epicondylitis left elbow, cubital tunnel syndrome-right elbow, and status post right ulnar nerve transposition. In this case, treater does not discuss why the patient needs Ketorolac injection in addition to taking oral NSAIDs, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for minor or chronic painful conditions. Available progress reports do not indicate that the current injection request is for an acute episode of pain. The patient had a prior injection on 02/03/15 which provided her a week of pain relief. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.