

<b>Case Number:</b>	CM15-0177620		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/27/2002
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Emergency 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:

This 53 year old female sustained an industrial injury on 7-27-02. Documentation indicated that the injured worker was receiving treatment for low back pain, degenerative disc disease, chronic pain syndrome and depression. Recent treatment consisted of medication management. In a PR-2 dated 8-5-11, the injured worker reported persistent problems with sleep. The injured worker described her sleep as non-restful. Physical exam was remarkable for tenderness to palpation in the lumbar region. Current medications included Ambien and Gabapentin. The treatment plan included considering changing Ambien to Ambien CR or Lunesta. In a PR-2 dated 1-15-13, the injured worker's level of sleep had decreased due to difficulty staying asleep with poor quality of sleep despite use of Lunesta. The injured worker stated that she had not slept at all for the past three days. The treatment plan included a trial of Amrix and Intermezzo. In a PR-2 dated 2-28-14, the injured worker's level of sleep had decreased due to difficulty falling asleep and staying asleep. The injured worker reported being sad and angry due to lack of sleep. The treatment plan included prescriptions for Naproxen Sodium, Lunesta, Ambien and Theramine. In a PR-2 dated 9-3-14, the injured worker complained of headaches and pain to the neck, upper, mid and lower back and bilateral legs, rated 6 out of 10 on the visual analog scale with medications and 9 out of 10 without medications. The injured worker also complained of constipation, hemorrhoids, suicidal thought, large mood swings, anxiousness and depression. Quality of sleep was fair with sleep aid Zolpidem. The treatment plan included continuing medications (Zolpidem and Amrix) and titrating Gabapentin to 1200mg per day. In a PR-2 dated 8-7-15, the injured worker complained of pain to bilateral shoulders, neck, upper, mid and low back and bilateral legs as

well as headaches. The injured worker's pain level was unchanged from her previous office visit, rated 7 out of 10 on the visual analog scale. The injured worker reported that her level of sleep had remained the same with poor quality of sleep. Physical exam was remarkable for diffuse tenderness to palpation along the cervical spine, thoracic spine and lumbar spine paraspinal musculature. The injured worker's affect appeared flat. The injured worker walked with a normal gait without use of an assistive device. The treatment plan included continuing Zolpidem, requesting authorization for Gabapentin and a sleep study due to ongoing chronic insomnia. On 9-3-15, Utilization Review noncertified a request for Zolpidem 10mg #30, Gabapentin 300mg #120 and one urine drug screen.

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

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

#### **1 prescription of Zolpidem 100mg #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.

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

**Decision rationale:** The request is for Ambien, the trade name for zolpidem, which is a non-benzodiazepine sedative/hypnotic used for treatment of insomnia. California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem may be considered for the short-term (usually two to six weeks maximum) treatment of insomnia. Proper sleep hygiene is of greater importance and is critical to the individual with chronic pain and is often difficult to treat. Various medications may provide short-term benefit, but long-term harm. While sleep aids and anti-anxiety agents are commonly prescribed in the setting of chronic pain, they are not recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. According to the submitted medical records, the injured worker was previously treated with zolpidem. The treatment was not successful. Furthermore, the injured worker appears to have been prescribed Ambien for far longer than the recommended maximum duration. Without clear documentation of superior benefit, the risk greatly outweighs any potential benefit. Of greater benefit to the injured worker may be cognitive behavioral therapy. The request as submitted is not medically necessary.

#### **1 prescription of Gabapentin 300mg #120: 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-epilepsy drugs (AEDs).

**Decision rationale:** The request is for gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly been shown to be effective for treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent; or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. In regards to the injured worker, previous treatment with gabapentin did not produce a clear 30% reduction in pain to suggest a beneficial response. Therefore, the medical benefit is unlikely to outweigh the risks and the request as submitted is not medically necessary.

**Urine Drug Screen:** Overturned

**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): Opioids, criteria for use, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests).

**Decision rationale:** The request is for a urine drug screen. The MTUS guidelines support the use of urine drug screen upon the initiation of opioid therapy or with issues of abuse, addiction, or poor pain control. Given the significant documentation of sleep disturbance, poor pain control, depression, suicidal thoughts, large mood swings and anxiousness, it appears to be prudent to ensure compliance with medications and to rule out drugs of abuse. The request as submitted is medically necessary for the proper treatment of the injured worker at this time.