

<b>Case Number:</b>	CM15-0026171		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 male sustained an industrial injury on 6/3/09. He subsequently reports ongoing pain from the injury to the right upper extremity. Diagnoses include osteoarthritis of the right shoulder. Treatments to date have included prescription pain medications, psychiatric counseling. On 2/3/15, Utilization Review non-certified a request for Nuedexta 20/10 #60 and Ambien and partially-certified a request for Abilify. The Nuedexta 20/10 #60 was denied based on a non-MTUS citation from Epocrates. The Abilify 10mg #30 request was modified to Abilify 10mg #30 for one month to allow for weaning based on ODG guidelines. The Ambien 5mg #30 was denied based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuedexta 20/10 #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com/noFrame/showPage.domethod=drugs&MonographId=5975&ActiveSectionID=10>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested services. Per the physician desk reference, the requested medication is FDA approved for the treatment of pseudo bulbar affect. There is no mention of this condition in the provided clinical documentation for review. Therefore the request is not certified.

**Abilify 10mg #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), Mental Illness & Stress Chapter: Aripiprazole (Abilify); A typical antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desk reference.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested services. Per the physician desk reference, the requested medication is FDA certified for the treatment of schizophrenia and bipolar disorder. It is also used as adjunct treatment for major depression disorder. There is no provided clinical documentation of failure of first line depression treatments. Therefore the request is not certified.

**Ambien 5mg #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), Mental and Stress Chapter: Zolpidem; Pain Chapter: Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not certified.