

<b>Case Number:</b>	CM15-0066930		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Anesthesiology, 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 49-year-old female patient who sustained an industrial injury on 12/18/2010. A pain medicine follow up visit dated 10/20/2014 reported subjective complaints of neck pain that radiates down bilateral upper extremities; low back pain that radiates down bilateral legs; upper extremity pain; lower extremity pain, and insomnia. She is also with complaint of gastrointestinal upset secondary to medications. She is status post cervical epidural injection with noted overall 50 - 80 % improvement. She is reporting good functional improvement in the following areas: decrease in pain medication requirements, improved mobility and improved sleep. The duration of improvement was two weeks. The patient also uses a transcutaneous nerve stimulator unit for the past two and a half years with some benefit. She states that with the use of Opioid medication and the TENS unit she does get some benefit of relief which lasts about two hours in duration. Prior diagnostic testing to include: nerve conduction study, magnetic resonance imaging, radiographic study. Previous treatment to include: oral pain medication, TENS unit, and therapy. A pain evaluation follow up visit dated 12/08/2014 reported the patient with subjective complaint of neck pain, low back pain, pain in all extremities, and insomnia. Current diagnoses are: cervical radiculitis; lumbar disc displacement; lumbar facet arthropathy; lumbar radiculopathy; gastroesophageal reflux disorder; medication related dyspepsia; chronic pain; cubital tunnel syndrome, left; status post left shoulder surgery, hiatal hernia, and esophageal spasm. The impression noted the patient with bedbound functional disability; she's developed an Opiate tolerance due to long term use. Of note, weaning of Opioids has been attempted, unsuccessfully. She is deemed by PCP currently not working. The

plan of care involved recommending other provider to offer nerve conduction report findings for review, and continue with home exercise program.

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

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

**Zolpidem tab 10mg Qty 30 no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) See Insomnia treatment. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. (Ambien & Ambien CR package insert) Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of injured workers with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. (Morin, 2009) Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (FDA, 2013) According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. According to the documents available for review, the injured worker does not carry diagnoses of insomnia. Furthermore, the injured worker has been using this medication for long-term treatment. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.

**Lidocaine oin 5%day supply 25 Qty 106.32 refills 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topicals. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.