

<b>Case Number:</b>	CM15-0073253		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania, Ohio, 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 36 year old female, who sustained an industrial injury on 10/5/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/25/2015, the injured worker complains of cervical spine pain radiating into the bilateral upper extremities with occasional numbness and burning. The treating physician is requesting Ambien, Maxalt and Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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) Pain/Insomnia.

**Decision rationale:** MTUS does not discuss this medication. Official Disability Guidelines / Treatment in Workers' Compensation / Pain / Insomnia Treatment does discuss Ambien / Zolpidem. This guideline notes that Zolpidem / Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Maxalt 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Triptans.

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

**Decision rationale:** ODG recommends triptans, including Maxalt, for migraine headaches. The records in this case discuss that the patient is being treated for headaches; however, the specific nature of the headaches and the basis for diagnosing the patient specifically with migraine headaches is not clear. Thus, this request is not supported by treatment guidelines. Overall, the request is not medically necessary.

**Butrans Patch 10 mcg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.