

<b>Case Number:</b>	CM15-0079196		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, 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:

The injured worker is a 43 year old female who sustained an industrial injury on September 8, 2003. She has reported low back pain and has been diagnosed with failed back surgery syndrome with persistent radiculopathy and spinal cord stimulator. Treatment has included medications. Currently the injured worker complained of low back pain with some episodic radicular symptoms. The treatment request included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/apap tab 10-325mg day supply 30 qty 180 refills 00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that opioids are suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants and antiepilepsy drugs). In this case,

there is no clear evidence of a trial and failure of antidepressants and anti-epilepsy drugs. In addition, the records submitted do not document quantifiable pain relief with hydrocodone or side effects, aberrant behavior or consistent urine drug screens. Therefore the request is not medically necessary.

**Alprazolam tab 1mg day supply 30 qty 60 refills 00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS states that benzodiazepines such as alprazolam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on these guidelines the request for continued alprazolam is not medically necessary or appropriate.

**Zolpidem er tab 12.5mg day supply 15 qty 15 refills 00:** Upheld

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

**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.

**Decision rationale:** CA MTUS does not specifically address Zolpidem usage for insomnia. The ODG states that this medication is useful for short-term treatment only of insomnia. The request for #15 with 15 refills falls outside this recommendation. In this case, the records submitted show no evidence of trial and failure of conservative treatment for insomnia. There is also no psychological evaluation to determine if the insomnia is a symptom of depression or other mental illness. Therefore this request for chronic Zolpidem is not medically necessary or appropriate.

**Nuvigil tab 150mg day supply 30 qty 30 refills 00:** Upheld

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

**Decision rationale:** CA MTUS does not specifically address the use of Nuvigil. The ODG states that Nuvigil should not be used to counteract the sedating effects of narcotics. In this case, review of the submitted records indicates no diagnosis of excessive daytime somnolence, narcolepsy or shift work sleep disorder for which Nuvigil may be indicated. Therefore this request is not medically necessary or appropriate.