

Case Number:	CM15-0093062		
Date Assigned:	06/05/2015	Date of Injury:	06/16/2012
Decision Date:	07/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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: Preventive Medicine, Occupational 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:

The injured worker (IW) is a 53-year-old female who sustained an industrial injury on 06/16/2012. Diagnoses include chronic pain-other, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy and myositis/myalgia. Treatment to date has included medications and right suprascapular nerve block, both of which the IW reported worked well, and home exercise. According to the Pain Medicine Re-Evaluation dated 4/6/15 the IW reported neck and right shoulder pain with frequent numbness in the bilateral upper extremities to the hands accompanied by frequent muscle weakness. Her average pain was 3-4/10 with medications over the last month and 7/10 on average without medication. She also reported her insomnia associated with ongoing pain was improving with medication. On examination, spasms were present in the right trapezius muscle and there was tenderness of the cervical spine at C4-C7 and over the right paravertebral C5-6 area. Range of motion was limited due to pain. An MRI of the cervical spine on 9/9/13 showed degenerative changes with mild to moderate spinal canal stenosis at C3-4 through C6-7 and multilevel areas of bilateral neural foraminal stenosis. A request was made for Zolpidem Tartrate 5mg, #15, Zolpidem Tartrate 5mg #15 for insomnia and Voltaren 1% gel, #3 for chronic localized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated Guidelines support long-term use of specific hypnotic agents for insomnia associated with chronic pain. However, Zolpidem is not one of the agents recommended for long-term use. Guidelines recommend limited use of up to 3 weeks, but this is being utilized on a chronic daily basis. There are other Guideline supported alternatives for long-term use and there are no unusual circumstances to support an exception to Guidelines. The Zolpidem Tartrate 5mg. #30 is not supported by Guidelines and is not medically necessary.

Zolpidem Tartrate 5mg #15: 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), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated Guidelines support long-term use of specific hypnotic agents for insomnia associated with chronic pain. However, Zolpidem is not one of the agents recommended for long-term use. Guidelines recommend limited use of up to 3 weeks, but this is being utilized on a chronic daily basis. There are other Guideline supported alternatives for long-term use and there are no unusual circumstances to support an exception to Guidelines. The Zolpidem Tartrate 5mg. #15 is not supported by Guidelines and is not medically necessary.

Voltaren 1% gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Topical Analgesics.

Decision rationale: MTUS Guidelines and updated ODG Guidelines address the use of topical NSAIDs in great detail. Both Guidelines are not supportive of their use for spinal or shoulder pain. The Guidelines note that there are no studies supporting its use for these body areas and these joints are not amenable to topical treatment. There are no unusual circumstances to justify an exception to Guidelines. The Voltaren 1% gel #3 is not supported by Guidelines and is not medically necessary.