

<b>Case Number:</b>	CM13-0037479		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 52 year old man who sustained a work-related injury on August 1, 2001. Subsequently, the patient developed but chronic lower back pain, depression and anxiety disorder. According to the progress notes of July 24 and September 27, 2013 the patient reported lumbar pain and back stiffness. The pain worse and with movements. The pain intensity level was 7/10. The provider reported to excellent resolution of pain with prescribed medications. His physical examination demonstrated normal neurologic examination. The patient was treated with the Cymbalta, Valium, Ambien, ibuprofen, Norco, Wellbutrin, Kadian, dorsal Rami diagnostic blocks and radiofrequency neurotomy of the lumbar spine. The provider requested authorization to use Ambien, Diazepam, Kadian and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien ER 6.25mg 1 by mouth at bedtime #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), Treatment Index, 11th Edition (web), 2013, Pain, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Zolpidem (Ambien®).

**Decision rationale:** MTUS guidelines are silent regarding the use of Sonata as well as other non benzodiazepine sedative drugs. A review of the literature suggested that Ambien is indicated for short term use (7-10 days) in insomnia. According to ODG guidelines, < Zolpidem is a prescription short-acting nonbenzodiazepine 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>. According to the patient file, there is no clear documentation of insomnia or sleep disturbance. Furthermore, a sleep problem could exist and could be secondary to her pain problem and this should be addressed. Therefore the prescription of Ambien ER 6.25mg 1 by mouth at bedtime #30 is not medically necessary

**Diazepam 5mg 4 tablets by mouth bid #120:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Therefore, is no recent documentation of insomnia related to pain. Although the patient was reported to have anxiety and depression, the use of antidepressant is more appropriate. Therefore the use of Diazepam 5mg 4 tablets by mouth bid #120 is not medically necessary

**Kadian 10mg 3 tablets by mouth bid #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of

function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> Kadian is a <long-acting" opioid, and highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. There is clear evidence and documentation form the patient file, of a continuous need for Kadian. There is no documentation of positive functional improvement. He still has a pain with a severity 7/10. Therefore the prescription of Kadian 10mg 3 tablets by mouth bid #180 is not medically necessary.

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework> Norco is an immediate-release opioid and is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. There is clear evidence and documentation form the patient file, of a continuous need for Norco. There is no documentation of positive functional improvement. He still has a pain with a severity 7/10. There is no documentation of pain breakthrough. Therefore the prescription of Norco 10/325mg #240 is not medically necessary