

<b>Case Number:</b>	CM13-0037958		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/05/2004
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35-year-old male with a date of injury of 10/5/04 that presents with chronic low back pain and radiation down both lower extremities. The patient's diagnoses include status post L4 burst fracture, with pedicle screw fixation and stabilization, cervical, bilateral shoulder sprain, status post left tibial plateau fracture, calcaneal fracture, depression and anxiety, medication-induced erectile dysfunction, right knee buckle handle tear, medication-induced gastritis, medication-induced constipation, status post L3-L4, L5-S1 fusion in 2009, removal of hardware in 2012, bilateral knee internal derangement with right meniscal tear, spinal cord stimulation trial in 2012 which was successful and status post right ankle fusion in 2012. The report dated 8/20/13, notes that the patient wants to come off these medications and that patient continues to have chronic pain throughout his body. The patient was authorized for 7-day inpatient detox program. There is a list of medications that include OxyContin 20 mg, Ambien 10 mg . Reports were reviewed from 3/14/13 to 10/21/13. The medical records indicate that the patient presents with multiple musculoskeletal problems including chronic neck, low back pains with history of multilevel lumbar fusion, history of fractures of the right lower extremity and ankle fusion. The provider has been prescribing Ambien 10mg at nighttime on a chronic basis. There is no documentation regarding whether this medication has been helpful for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on evidence-based peer-reviewed guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcome and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Chronic Pain Chapter

**Decision rationale:** ODG guidelines indicate that Ambien is not indicated for long-term use. Guidelines also indicate that longer term studies have found Ambien CR to be effective for up to 24 weeks in adults, however, longer than 6 months have not been studied. The Chronic Pain Medical Treatment Guidelines indicates that the physician should periodically review the course of treatment of the patient and any new information about the etiology and that continuation or modification of pain management depends on physician's evaluation and progress towards treatment objectives. In this case, the documentation submitted for review does not provide evidence as to whether Ambien has improved this patient's function. Therefore, in the absence of evidence of functional gain and that guidelines do not recommend long-term use Ambien is not medically indicated. The request for Ambien CR 12.5mg 1 tablet at bedtime as needed #30 is not medically necessary and appropriate.

**Ambien CR 6.25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on evidence-based peer-reviewed guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcome and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Chronic Pain Chapter

**Decision rationale:** ODG guidelines indicate that Ambien is not indicated for long-term use. Guidelines also indicate that longer term studies have found Ambien CR to be effective for up to 24 weeks in adults, however, longer than 6 months have not been studied. The Chronic Pain Medical Treatment Guidelines indicates that the physician should periodically review the course of treatment of the patient and any new information about the etiology and that continuation or modification of pain management depends on physician's evaluation and progress towards treatment objectives. In this case, the documentation submitted for review does not provide evidence as to whether Ambien has improved this patient's function. Therefore, in the absence of evidence of functional gain and that guidelines do not recommend long-term use Ambien is not medically indicated. The request for Ambien CR 6.25mg at bedtime PRN#15 is not medically necessary and appropriate.

**Oxycontin 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

**Decision rationale:** MTUS guidelines indicate that for chronic use of opiates, documentation of pain and functional improvement compared to baseline, functioning should be measured at a 6-month interval using a numerical scale of validated instrument. Under outcome measures, guidelines require current pain, least reported pain since last assessment, average intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. In this case, the documentation submitted for review does not show evidence of functional improvement. Therefore, in the absence of evidence of outcome measures Oxycontin is not medically necessary. The request for Oxycontin 20mg #120 is not medically necessary and appropriate.