

<b>Case Number:</b>	CM13-0041351		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/22/2000
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 56-year-old male with date of injury 5/22/00. The request for Zolpidem and Flexeril were denied, and the request for Oxymorphone was modified. The rationale for the denial for Zolpidem was based on the ODG guidelines which approves only the short-term usage (2 to 6 weeks) for treatment of insomnia. The Flexeril was denied based on supportive guidelines indicating limited usage of 2 to 3 weeks as there is a risk for dependency and adverse event. The request for Oxymorphone HCL ER 30 mg #60 was reduced to 30 tablets based on MTUS limitations. Review of the 12/9/13 narrative report from [REDACTED] states that the patient has responded to medication usage with decreased reported pain levels that were previously an 8-9/10 and are now a 5-6/10. [REDACTED] states that the patient's pain hinges on the appropriate authorization of the medications he prescribed. The 9/9/13 treating physician's progress report from [REDACTED] is reviewed and it states that the Oxymorphone HCL ER 20mg is being increased to 30 mg #60. The patient continues with lumbago and radiculopathy. The patient's pain scores have decreased approximately 25% with the usage of Oxymorphone. On 6/7/13 [REDACTED] prescribed Zolpidem, Flexeril, Norco, Valium, Gabapentin, Omeprazole and Lyrica. The patient's diagnoses are Lumbago with radiculopathy, cervicgia with radiculopathy and sacroiliac joint and facet joint arthropathy. It is also noted in this 6/7/13 report that the patient has not received medications for two months and therefore has had decreased functional ability to perform activities of daily living. In [REDACTED] 3/5/13 progress report it is noted that the patient has had difficulty with authorization of the prescribed medications. [REDACTED] prescribed fentanyl patch, Butrans transdermal patch, Norco, Flexeril, gabapentin, Lyrica, and Zol

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Zolpidem 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his decision on Official Disability Guidelines (ODG) have the following regarding Ambien for insomnia: Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sl

**Decision rationale:** The patient presents with chronic back pain with radiculopathy, bilateral, right more severe than left. The request for Zolpidem is not supported for long-term use. The MTUS guidelines are silent but the ODG guidelines state that it should only be used for 2 - 6 weeks for the treatment of insomnia. The patient has used Zolpidem for longer than six weeks and the guidelines do not support continued usage. Recommendation is for denial.

### **1 prescription of oxymorphone HCl ER 30 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for chronic pain (MTUS 60,61). Page(s): 6.

**Decision rationale:** This patient presents with chronic low back, neck with radicular symptoms into both arms and legs. The treater indicates in his 12/3/13 report that the patient's pain is reduced from 8/10 to 5/10 which is significant. In his other reports, he notes "improved function and ability to perform ADL's", and when medications are not authorized, his level of function declines. The Oxymorphone request was modified to #30 by utilization review applying the recommended maximum of 120mg equivalent morphine dosing. The dose was increased on 9/9/13 to 30mg bid. MTUS guidelines page 80 states that opiates for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited." MTUS page 60 require "A record of pain and function with medication should be recorded." MTUS 9792.20(e) defines functional improvement as "significant change in ADL's, OR reduced work limitation/return to work, AND reduced dependency of on-going medical treatments." Then MTUS page 88 states, "document pain and functional improvement and compare to baseline," "functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Simply stating that the patient's function and ADL's are improved is inadequate. When the use of opiates have limited value in treatment of chronic

back pain, one must really demonstrate with specifics and numerical scale or validated instrument that the patient's functional level and quality of life are improved. In this case, such is lacking. For "outcome measures" MTUS also requires current pain, average pain, least pain, duration of relief with medication, etc. None of this information has been provided to determine how the patient is really responding to this opiate. Recommendation is for denial.

**1 prescription of Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Page(s): 64.

**Decision rationale:** The MTUS guidelines address Flexeril as follows: "recommended as an option, using a short course of therapy", "treatment should be brief", "cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain". The patient has been taking Flexeril since at least 6/7/13. Therefore the continued use of Flexeril is not medically indicated and recommendation is for denial.