

<b>Case Number:</b>	CM13-0041448		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	01/22/2002
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventative 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 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/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 claimant is a 53-year-old male, who sustained a work injury on 1/22/02, resulting in hand, wrist, back and neck pain. The previous MRIs of the cervical spine and lumbar spine showed disc bulging of the cervical spine and degeneration of the thoracic spine. A prior electromyography (EMG) was consistent with L5-S1 radiculopathy. In 2009, he had a cervical fusion and in 2010, he had a lumbar fusion. Since 2011 his pain has been managed with many analgesics including Oxycontin, Neurontin, Valium, Fioricet, Norco and Dendracin. He had been using Ambien for several years as well for insomnia. In May 2013, he had cervical hardware blocks for post-laminectomy syndrome. An examination on 9/18/13 noted continued neck pain and headaches. His pain has been 9/10. He is taking eight (8) tablets a day of Norco and using Oxycontin 40 mg three to four (3 to 4) times a day. He was to continue acupuncture, a functional capacity evaluation and his Oxycontin, Norco as well as Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 40MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

**Decision rationale:** The Chronic Pain Guidelines indicate that Oxycontin® Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. It is recommended that dosing for opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The morphine equivalent dose factor for Oxycodone is 1.5. In this case, the claimant had been taking and prescribed up to 120 mg of Oxycontin per day which is equal to 180 mg of morphine. This exceeds the guidelines amount recommended. The Oxycontin as prescribed above is not medically necessary.

**RETROSPECTIVE DISPENSED 9/18/13: NORCO 10/325MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. The Chronic Pain Guidelines indicate that opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. Norco is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term use has not been supported by any trials. In this case, the claimant has been on Norco for years with no significant improvement in pain scale. The continued use of Norco is not medically necessary.

**AMBIEN 10MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TREATMENT; INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, PAIN (CHRONIC) (UPDATED 10/06/13), ZOLPIDEM (AMBIEN).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INSOMNIA MEDICATIONS.

**Decision rationale:** The Official Disability Guidelines indicate that Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia, with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia, with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to twenty-four (24) weeks in adults. In this case, Ambien has been used for several years with no recent documentation on sleep history. Its continued use is not medically necessary.