

<b>Case Number:</b>	CM13-0044339		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/02/1992
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 51 year old female with a 12 year history of depression that started about 8 years after an industrial related back injury. She was the "front end" manager at a grocery store for 8 years, until she fell in the back of the store from some height onto a stack of milk cartons, impacting on her with a brief black out. Though she felt well initially, by the next day she was very sore and started to develop back pain. She was off work for a period of time, but when she returned to work, the store did not accommodate her as directed and then began a workman's comp lawsuit which is still pending now 20 years later in the context of the lingering back and neck pain from this injury and the work comp lawsuit and her increasingly indigent status, she became increasingly more depressed and then first began antidepressants somewhere between 12-15 years ago. She was initially treated with Paxil, which she was on for quite some time and then went on to trials of Effexor and current Cymbalta but all of these trials were also augmented with no relief. Following inadequate control of her anxiety and depression with numerous multiple failed, she was referred for ECT in Nov 2012, given complete anergic, amotivational, and anhedonic. She had passive suicidal, but no active suicidal ideation. She felt completely hopeless and helpless and cried constantly. She pays no attention to grooming or her ADLs and leaves the house only rarely. She had several panic attacks per week and is increasingly severe disabling pain. She also smokes marijuana several times a week for relief of her anxiety and pain. Given complaints of neck and low back pain with psychiatric complaints, Hydroco/Apap, Quetiapine and Zolpidiem were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS-Hydroco/APAP Tab 10-325 mg, 30-day supply, Qty-120, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

**Decision rationale:** The patient has been using Hydrocodone/APAP since at least August 12, 2012, and guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Given that the patient has not had any long-term functional improvement gains from taking Opioid therapy over the past several months, it is warranted for the patient to begin weaning from Opioids. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for POS-Hydroco/APAP Tab 10-325 mg, 30-day supply, Qty-120, no refills is not medically necessary.

**Zolpidem Tab 10 Mg, 30 day supply, Qty 30 (note, 15 tabs for 30 days for weaning was approved):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Medline Plus and Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2013)-Zolpidem (Ambien®).

**Decision rationale:** With respect to prescription of Zolpidem Tab 10 Mg, 30 day supply, Qty 30, the guidelines does not support it. CA-MTUS is mute about this medication, but according to Medline Plus, if zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. ODG recommended that cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan and should be considered in conjunction with a short course of Zolpidem. Therefore the request for Zolpidem Tab 10 Mg, 30 day supply, Qty 30 is not medically necessary.