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| <b>Case Number:</b>   | CM13-0058502 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/31/1995 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 11/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 72-year-old female presenting with chronic low back and bilateral feet pain, following a work-related injury on August 31, 1995. The claimant's current medications include Ambien CR 12.5 mg, Colace, Soma, Metanx, Senokot, Amitiza, Butrans, methadone, Norco, psyllium fiber, Xanax 0.5 mg and lisinopril. The MRI of the lumbar spine was significant for degenerative grade one (1) anterolisthesis of L3 on L4 with circumferential disc bulge and ligamentum flavum/facet hypertrophy, resulting in severe central canal stenosis, tiny central/left posterior paracentral disc protrusion at L4-L5 with circumferential disc bulge and ligamentum flavum/facet hypertrophy. This resulted in mild to moderate central stenosis and mild to moderate narrowing of the left lateral recess, circumferential disc bulge with ligamentum flavum/facet hypertrophy at L2-3 resulting in mild to moderate central stenosis, Modic type I degenerative endplate changes from L1-L2 to L5-S1, most significant at L3-4 and L4-5, and advanced levels of foraminal compromise. An electromyography (EMG) nerve conduction study was significant for left peroneal neuropathy, right L4-5 mild, and stable radiculopathy. The claimant was diagnosed with degenerative joint disease of the left hip leg length discrepancy, recurrent dislocation of femoral prosthesis, spondylolisthesis of the lumbar spine, spinal stenosis, and degenerative joint disease of the right knee and right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Methadone HCL 10mg #196: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

**Decision rationale:** The Chronic Pain Guidelines indicate that the weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function, or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Methadone is not medically necessary.

**One (1) prescription of Ambien CR 12.5mg #30, with two (2) refills:** 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), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tranquilizers.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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. There is also concern that they may increase pain and depression over long-term. Ambien ER is indicated for treatment of insomnia, with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien ER to be effective for up to twenty-four (24) weeks in adults. According to the medical records, it is unclear how long the claimant was on the medication. Additionally, there is no documentation of a sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien ER is not medically necessary.