

<b>Case Number:</b>	CM13-0062519		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 & Rehabilitation 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 42 year old male who was injured on 12/18/2008 while the patient was installing rain gutter. His back and arms gradually started becoming more frequently painful. PR-2 report dated 08/03/2012 indicated recheck bilateral upper extremity and upper back and shoulder injuries; Cognitive behavioral therapy authorized, but has not been helpful; having increase panic attacks. There has been some improvement in his shoulder pain. Objective findings on exam revealed full range of motion of the shoulder with mild stiffness at the end range of motion; ongoing LBP and depression and anxiety. Comprehensive Exam dated 07/19/2013 reported his sleep is horrible, waking now 5-12 times a night. Sometimes he can't get back to sleep. He denied the reason he wakes was due to needing to go to the bathroom. He can take pain medications which sometimes help, and at other times he falls asleep during the day for a couple of hours. He stated he can waken at times every 45 minutes and he might wake up 5-6 time, with the maximum time only an hour and half. He stated he no longer continuously drank coffee with caffeine or any soda for 4-5 months, and it doesn't make a difference. He stated he has discussed his sleep problems with his physicians, and they want to give him Ambien, and to try to make him take his pain meds before going to bed. PR-2 report dated 08/07/2013 documented the patient was in for follow-up of his back, lower extremity, and upper extremity claims. He did note some slight improvement in his shoulder discomfort with the cortisone injection. Objective findings on exam demonstrated good range of motion; mildly positive impingement signs on the right; trigger points that are tender around the upper parascapular region. Psychiatric Follow-up visit dated 12/31/2013 documented the patient is unable to sleep at night due to hopelessness and high anxiety. He has not been taking psychiatric medication because of frequent denial through Worker's Comp. Klonopin made him feel better. MFTI supported patient psychologically especially around self esteem and has been working on patient's goals: 1)lessen the amount of

guilt that patient feels not being able to return to work, 2) increase empowering beliefs in order to increase core worth, 3) utilize coping thoughts and applying towards dealing with chronic pain and 4) plan shared activities with friend, son, or cousin in order to reduce isolation which will impact level of depression and 5) increase socialization with others to reduce level of depression symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**AMBIEN 5 MG #30:** Overturned

**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 Chapter, Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatments.

**Decision rationale:** According to the ODG, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are a first-line medication for insomnia. The medical records document the patient has detailed history of complaint pertaining to recurrent insomnia, relating to pain and psychological factors. Studies have found that poor or insufficient sleep is one of the strongest predictors for pain in adults. According to the guidelines, Ambien is considered a first line medication for the treatment of insomnia, appropriate for short-term use only. Based on these factors, it is reasonable that a trial of Ambien be provided, in attempt to address the patient's sleep related issues. Therefore the medical necessity for Ambien 5mg #30, has been established.

**Nucynta 50mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Opioids Page(s): 124, 79.

**Decision rationale:** According to the CA MTUS guidelines, opioids should be discontinued if there is no overall improvement in function. In the case of this patient, the medical records do not establish that he has gained any notable benefit with continued utilization of opioids for pain management. It is also relevant that Nucynta is considered a second-line opioid therapy, where there has been evidence of failure to respond to first-line opioids, which has not been demonstrated. Furthermore, given the complex issues that exist in this particular case, clearly detailed documentation of the patient's medication use and his responses should be obtained, as to establish whether the medication management is beneficial, or requires alteration. Detailed documentation establishing efficacy with medication has not been shown. Based on these factors, the medical necessity of Nucynta 50mg #90 with 2 refills has not been established.

