

<b>Case Number:</b>	CM13-0063258		
<b>Date Assigned:</b>	02/18/2014	<b>Date of Injury:</b>	03/10/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 67 year old woman with a date of injury of 3/10/08. She was seen by her physician on 12/9/13 with complaints of bilateral lower back pain radiating to her buttocks and left posterior thigh and calf numbness and parasthesias. She reported no relief in pain since a medrol dose pack was given and her norco and ambien were said to have been modified. Her physical exam showed tenderness upon palpation of the lumbar paraspinal muscles overlying L4-S1 facet joints, right worse than left and bilateral sacroiliac joint pain. Lumbar range of motion was restricted due to pain and lumbar discogenic provocative maneuvers were positive. Her strength was 5/5 and nerve root tension signs were negative bilaterally. Her diagnoses included lumbar post laminectomy syndrome, lumbar disc protrusion, lumbar stenosis, L4-5 laminectomy and discectomy, lumbar sprain/strain, GERD and depression. Her physician appealed the denial of ambien as it provided the worker an additional 4 hours of sleep per night with maintenance of her activities of daily living. Several medications are at issue in this review including ambien, norco and medrol dose pack.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, one (1) Tablet by mouth at bedtime, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: zolpidem drug information and treatment of insomnia

**Decision rationale:** Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). In this injured worker, it appears that this treatment has been ongoing and is not short term. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for Ambien.

**Norco 10/325mg, one (1) tablet by mouth, as needed for pain, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This 67 year old injured worker has chronic back pain with an injury sustained in 2008. Her medical course has included numerous treatment modalities including use of several medications including narcotics. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/19/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco is denied as not medically necessary.

**Medrol Dose Pack, #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-308.

**Decision rationale:** This 67 year old injured worker has chronic back pain with an injury sustained in 2008. Her medical course has included numerous treatment modalities including use of several medications including narcotics. The MD visit of 12/19/13 fails to justify the use of a medrol dose pack. Additionally, the use of oral corticosteroids is not recommended for low back pain per the American College of Occupational and Environmental Medicine guidelines.