

<b>Case Number:</b>	CM13-0063639		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 51-year-old female who sustained an unspecified injury on 9/29/05. The injured worker was evaluated on 12/26/13 for complaints of neck and back pain. The physical examination noted that the injured worker's range of motion as limited in the neck and the back. The injured worker's diagnosis was noted as cervical and lumbar disc pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Official Disability Guidelines recommend the use of Zolpidem for the short term treatment of insomnia. The documentation submitted for review did not indicate that the injured worker had insomnia. The physical examination noted that the injured worker had pain, but did not relate it to the injured worker's ability to sleep. Therefore, Zolpidem is not medically necessary.

**ZOLPIDEM 5MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Official Disability Guidelines recommend the use of Zolpidem for the short term treatment of insomnia. The documentation submitted for review did not indicate that the injured worker had insomnia. The physical examination noted that the injured worker had pain, but did not relate it to the injured worker's ability to sleep. Therefore, Zolpidem is not medically necessary.

**OPANA ER 40MG #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** The documentation submitted for review indicated that the injured worker had neck and back pain, but did not indicate the injured worker's pain level. The California MTUS guidelines recommend ongoing management opioid therapy to include monitoring of injured worker's pain relief. The documentation submitted for review did not indicate the analgesic effect for the medication being used. The guidelines additionally recommend the discontinuation of opioids when patients do not have objective findings of functional improvement and pain relief. The documentation submitted for review did not address the injured worker's functional limitations in relation to the use of the medication. Given the information submitted for review, Opana ER is not medically necessary.

**OPANA 10MG #210: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** The documentation submitted for review indicated that the injured worker had neck and back pain, but did not indicate the injured worker's pain level. The California MTUS guidelines recommend ongoing management opioid therapy to include monitoring of injured worker's pain relief. The documentation submitted for review did not indicate the analgesic effect for the medication being used. The guidelines additionally recommend the discontinuation of opioids when patients do not have objective findings of functional

improvement and pain relief. The documentation submitted for review did not address the injured worker's functional limitations in relation to the use of the medication. Given the information submitted for review, Opana ER is not medically necessary.