

<b>Case Number:</b>	CM13-0068733		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 patient is a 42-year-old male who has submitted a claim for L5-S1 Degenerative Disc Disease and Potential SI Joint Pathology associated with an industrial injury date of May 1, 2008. Medical records from 2013 were reviewed, which showed that the patient complained of back stiffness and pain rated 6/10. He also complained of neck pain rated 6-7/10. The patient also had left shoulder pain rated 6/10. On physical examination, gait was normal. There was limited abduction of the left shoulder and there was surgical scarring at his lower arm. Lumbosacral exam revealed bilaterally positive pelvic thrust, FABER, Gaenslen's, Patrick's, and pelvic rock maneuvers. Stork test was also positive. Tenderness was also noted bilaterally. Treatment to date has included left sacroiliac joint and pubic symphysis stabilization; open reduction internal fixation of left distal radius, left ulnar, and left proximal humerus fractures; and medications including Ambien 10 mg 1 PO QHS (since January 2013), Vicodin 5/500 mg 1 PO BID (since January 2013), and Butrans 20 mcg/hr patch once a week (since January 2013). Utilization review from November 19, 2013 denied the request for Ambien 10 mg 1 PO QHS, 3 refills, #30 because long-term use would not be supported; and Butrans 20 mcg/hr patch, apply one patch once a week, 4 refills, #4 because the most recent urine drug screen was negative for all opiates. The same review modified the request for Vicodin 5/500 mg 1 PO BID #60 to allow one refill for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 10 MG, ONE (1) BY MOUTH (PO) EVERY NIGHT AT BEDTIME (QHS), THREE (3) REFILLS, #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 (ODG)

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

**Decision rationale:** CA MTUS does not specifically address Zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, Ambien was being prescribed since January 2013 (17 months to date), which is beyond the recommended duration of use. Furthermore, continued functional gains were not reported. There was also no documentation of on-going sleep difficulties. There is no clear rationale for continued Ambien use; therefore, the request for Ambien 10 mg

**VICODIN 5/500 MG, ONE (1) BY MOUTH (PO) TWICE A DAY (BID), #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Vicodin was being prescribed since January 2013 (17 months to date); however, given the 2008 date of injury, the exact duration of opiate use is not clear. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not reflect continued analgesia or functional benefit and a lack of adverse side effects or aberrant behavior. There is no clear rationale for continued opioid use; therefore, the request for Vicodin 5/500 mg, one (1) by mouth (po) twice a day (bid), #60 is not medically necessary.

**BUTRANS 20 MCG/HOUR PATCH, APPLY ONE PATCH ONCE A WEEK, FOUR (4) REFILLS. #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 26/27.

**Decision rationale:** According to pages 26-27 of the Chronic Pain Medical Treatment Guidelines, buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, Butrans was being prescribed since January 2013 (17 months to date); however, there was no documentation of continued functional benefit. Furthermore, there was no documentation of opiate addiction. There is no clear rationale for the use of Butrans; therefore, the request for Butrans 20 mcg/hour patch, apply one patch once a week, four (4) refills. #4 is not medically necessary.