

<b>Case Number:</b>	CM13-0071140		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 54 year old male who was injured on 08/12/2009 after jack hammering all day long; he said he developed significant increased lumbar pain. Prior treatment history has included physical therapy, stretching exercises at home, facet injections, rhizotomy. The patient underwent a lumbar laminotomy and discectomy with anterior intradiscal allograft replacement and posterior pedicle screw instrumentation and fusion. The patient's medications as of 12/16/2013 include MS-Contin 100 mg q. 6 hours, Neurontin 300 mg q. 4-6 hours q.h.s., Oxycodone 30 mg with 1-2 tabs q. 4-6 hours with an average of 7 tablets a day. He is also receiving Motrin 600 mg t.i.d., Prilosec 20 mg q. day, Senna q.h.s., and Colace 250 mg b.i.d. The patient also applies AndroGel, with two pumps a day. The patient receives Ambien for his pain-related insomnia. The patient's medications as of 10/11/2013 include (Visual Analog Scale (VAS) is 8/10 without medications and 5/10 with medications) MS-Contin 100 mg q. 6 hours, Neurontin 300 mg q. 4-6 hours q.h.s., Oxycodone 30 mg with 1-2 tabs q. 4-6 hours with an average of 7 tablets a day. He is also receiving Motrin 600 mg t.i.d., Prilosec 20 mg q. day, Senna q.h.s., and Colace 250 mg b.i.d. The patient also applies AndroGel, with two pumps a day. The patient receives Ambien for his pain-related insomnia. The patient's medications as of 06/13/2013 include (reports a 40%-50% reduction in his pain with medications) MS-Contin 100 mg q. 6 hours, Neurontin 300 mg q. 4-6 hours q.h.s., Oxycodone 30 mg with 1-2 tabs q. 4-6 hours with an average of 7 tablets a day. He is also receiving Motrin 600 mg t.i.d., Prilosec 20 mg q. day, Senna q.h.s., and Colace 250 mg b.i.d. The patient also applies AndroGel, with two pumps a day. The patient receives Ambien for his pain-related insomnia. Clinic note dated 01/03/2014 states the patient reports he has tried to diminish his narcotic dosing. He is currently taking Oxycodone 30 mg up to 5 to 7 per day, Gabapentin 300 mg up to 5 tablets per day, and MS-Contin 100 mg up to 4 tablets per day; this calculates to over 600 mg of opiates per day. He is also taking

AndroGel, Prilosec, multivitamins, ibuprofen, and Ambien for sleep. He takes Keppra 250 mg as an anticonvulsant medication. He reports that he has no digestive difficulties. He says he still has lower back pain on the right side radiating down his right leg. He has no left leg symptoms. The back pain is said to be greater than the leg pain. He indicates overall there has not been much change since he was last examined in April 2013. He reports increasing back pain with Valsalva maneuver. He complains of numbness in his right leg if he rides in a car for any period of time. Rest is said to relieve his pain and sitting and standing is said to aggravate his pain. Any bending, stooping, or lifting will also aggravate him. In retrospect, he does not feel there has been a great deal of benefit from the surgery performed by [REDACTED]. On examination, his lordosis was diminished with a mid-line lumbar surgical scar, as well as left lower quadrant abdominal scar, both of which are well-healed and previously noted. There is mild tenderness to percussion in the lumbar region. Range of motion of the back is restricted. Neurological exam reveals the patient again had low back pain with straight leg raising while seated, right side greater than left. The patient had lower back pain and right-sided "proximal" thigh pain on the right with straight leg raising while supine to about 45 degrees. Straight leg raise on the left side is negative while supine. Achilles reflexes could not be elicited on either side; Patellar reflexes were 1+ bilaterally. Sensory examination again revealed normal sensation in all the dermatomes. Waddell's tests were appropriate in all categories as previously noted. Vascular examination, range of motion of the lower extremities, muscle strength testing, as well as knee, ankle, foot, and subtalar examinations we

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

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

**MS CONTIN 100MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 76-94.

**Decision rationale:** As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic lower back pain and has been prescribed this medication for long periods of time. There is no documentation of reduction in pain level or objective functional improvement with the use of this medication. A progress report dated 01/03/2014 indicates he is taking Ms Contin 100 mg 4 tablets a day and Oxycodone 30 mg 5-7 tablets per day. However, guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative

dose. As such, this patient cumulative daily morphine equivalent dosage exceeds the guidelines recommendation. Thus, the request for MS Contin 100MG #120 is not medically necessary and weaning process needs to be initiated.

**AMBIEN 10MG WITH 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), PAIN (CHRONIC), ZOLPIDEM (AMBIEN®).

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute and hence the ODG have been consulted. As per ODG, Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 the long-term. In this case, this patient reports sleeping difficulties secondary to chronic lower back pain. This patient has been prescribed this medication at least since June 2013, which exceeds the guidelines recommendation of 2-6 weeks. Thus, the medical necessity has not been established and the request is non-certified.