

<b>Case Number:</b>	CM14-0000043		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/19/2007
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 49 year old female with reported date of injury on 11/19/2007. The injured worker complained of a painful right foot at 8/10. The injured worker's medication regimen included Norco, Relafen, Gabapentin, Ambien, Hydrochlorothiazide and Lisinopril. On 07/28/2010, the injured worker underwent a tarsal tunnel release on the right foot. She also underwent physical therapy for 6 visits, which helped "minimally". The injured worker does have a documented history of inconsistent urine drug screens; although the physician notes that there is no record of "recreational drug" use, rather a lack of the medication prescription on the urine drug screen. The request for authorization for retrospective request for 1 prescription of Norco 10/325 mg #240, and retrospective request for 1 prescription of Ambien 5mg #60 was submitted on 12/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325 MG #240:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81.

**Decision rationale:** The retrospective request for 1 prescription of Norco 10/325 mg #240 is not medically necessary. According to the CA MTUS guideline a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. For evaluation of the effectiveness in opioid use the following should be evaluated: current pain, the least reported pain since last assessment, average pain and intensity of pain after taking the opioid, as well as documentation of how long it takes for pain relief. The use of urine drug screening is also recommended per the guidelines. According to the progress noted dated 05/03/2012 the injured worker has a history of "inconsistent" urine drug screens in the past and was removed from her narcotics. There is also a lack of documentation regarding the use of NSAIDs, as such the request for the retrospective request for 1 prescription of Norco 10/325 mg #240 is not medically necessary.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN 5MG #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, 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) Chronic Pain, Zolpidem (Ambien).

**Decision rationale:** The request for retrospective request for 1 prescription of Ambien 5mg #60 is not medically necessary. According to the ODG guidelines Ambien is approved for short term treatment of insomnia, usually two to six weeks. Pain specialist rarely recommend minor tranquilizers for long-term use. They can be habit-forming and 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. The injured worker has been taking Ambien since approximately January 2013. The clinical documentation provided lacks reported insomnia except to say that the use of Ambien "helps her to sleep through the night". As the reported length in use of Ambien exceeds the recommended guidelines the request for retrospective request for 1 prescription of Ambien 5mg #60 is not medically necessary.