

<b>Case Number:</b>	CM14-0004882		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Occupational Medicine 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 55-year-old female who has submitted a claim for lumbar disc herniation, lumbar radiculopathy, lumbar spondylolisthesis, avascular necrosis of the lunate on the right, right wrist tendinosis, and bilateral carpal tunnel syndrome associated with an industrial injury date of January 29, 2010. Medical records from 1995-2013 were reviewed. The patient complains of low back and right wrist pain. The low back pain was characterized as severe, constant, dull and aching with associated stiffness and spasm. The pain radiates to the lower extremities with numbness, tingling, and weakness. It was aggravated by standing, walking, sitting, bending, twisting, lifting, pushing, pulling, and squatting. She experiences constipation, dysuria and frequency in urination, and sexual dysfunction. The pain in her right wrist was graded 10/10 with associated numbness and tingling in her fingers. She has difficulty gripping, grasping, lifting, pushing, and pulling. Her pain was severe at night and awakened her due to pain and discomfort. Physical examination of the lumbar spine revealed tenderness over the paravertebral area with moderate spasm noted. There is tenderness over the paraspinous muscle as well. There was restricted range of motion of the lumbar spine with associated pain and spasm. Sensory exam revealed decreased sensation on the lateral and posterior calf. MRI of the lumbar spine, dated August 15, 2013, showed 12 mm paracentral L4-L5 pseudoherniation elevating the posterior longitudinal ligament and impinging the left more the right nerve roots aggravated by grade I L4 spondylolysis, severe disc degeneration, disc desiccation and spondylosis. Treatment to date has included medications, chiropractic therapy, aquatherapy, physical therapy, acupuncture, psychotherapy, and lumbar epidural steroid injections. Utilization review, dated December 16, 2013, denied the request for Norco 2.5mg (quantity unspecified) qty: 1 because even if the patient documented appropriate use of the drug and has provided benefit, the number of tabs required has not been provided. The request for Ambien (strength and quantity unspecified) qty:

1 was also denied because the number of tabs has not been provided and there is no documentation regarding the patient's sleep disturbance, sleep hygiene, or functional benefit from the medication's prior use. An appeal letter, dated December 29, 2013, claims that Norco 2.5mg is helping to reduce pain, increase functional capacity, and facilitate activities of daily living. Furthermore, Ambien also helped the patient sleep and does not cause next day drowsiness, fatigue, or difficulty with concentration.

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

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

**NORCO 2.5 MG (QUANTITY NOT SPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking opioids (Vicodin) since December 2000. She started taking Norco since October 2013. The patient claims that there is improvement of her pain with Norco. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Norco 2.5 mg (Quantity Not Specified) is not medically necessary.

**AMBIEN (STRENGTH AND QUANTITY NOT SPECIFIED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term 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, the patient was diagnosed with insomnia and started taking Ambien since March 2010. Long-term use is not recommended. Furthermore, there was no discussion concerning the patient's sleep hygiene. Moreover, the present request failed to specify the dosage and quantity to be dispensed. Therefore, the request for Ambien (Strength and Quantity Not Specified) is not medically necessary.