

<b>Case Number:</b>	CM14-0005335		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic hip, thigh, and low back pain reportedly associated with an industrial injury of April 10, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; sleep aids; and unspecified amounts of chiropractic manipulative therapy. In a December 18, 2013 Utilization Review Report, the claims administrator denied a request for Norco, and approved a request for Ambien. In a progress note dated April 24, 2013, the injured worker was described as having persistent complaints of hip, thigh and knee pain. The injured worker was asked to pursue a functional restoration program. The injured worker stated that his thigh pain was actually getting worse. He did not appear to be working with limitations in place. On March 12, 2014, the injured worker was described as having a Global Assessment of Functioning (GAF), owing to derivative mental health complaints of depression and anxiety. The injured worker was described as using Flexeril and Ambien as of progress notes dated February 27, 2013 and February 26, 2014. On January 8, 2014, the injured worker was again described as presenting to obtain refills of Norco and Ambien, both of which were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for Norco 10/325 mg 1 Prescription:** 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 When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. The injured worker's pain complaints are seemingly heightened from visit of visit as opposed to reduced from visit to visit. There is no evidence of any concrete or tangible improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Prospective request for Ambien CR 12.5 mg 1 Prescription:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration, Ambien Medication Guide.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using Ambien for non-FDA label purposes has a responsibility to be well informed regarding usage of the same, and should, furthermore, provide some medical evidence to support such usage. The Food and Drug Administration notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not indicated for the chronic, long-term, and or scheduled use purposes for which it is seemingly being proposed here. The attending provider has continued to refill Ambien at various points over the course of treatment throughout 2013 and 2014. There is no compelling medical evidence that has been provided to offset the unfavorable FDA recommendation. Therefore, the request is not medically necessary.