

<b>Case Number:</b>	CM14-0108373		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 57-year-old male who sustained an industrial injury on 2/23/2000. The prior peer review on 6/25/2014 denied the retrospective request for medications prescribed 6/5/14: Sentra PM, Ambien, Ultram, and Norco. However, one-month supply of Ambien, Ultram and Norco were approved for weaning. The urine drug screen report dated 3/27/2014 documented tramadol and hydrocodone were detected, consistent with prescribed, Hydromorphone was also detected, which is not consistent, not prescribed. The urine drug screen report dated 3/27/2014 documented tramadol and hydrocodone were detected, consistent with prescribed, Hydromorphone was also detected, which is not consistent, not prescribed. According to the progress report dated 5/20/2014, the patient still has significant amount of neck pain with radiation to the upper extremities. Neck pain remains at 8/10. He reports persistent low back pain radiates his lower extremities, rated 7/10. He also continues complaints of ongoing bilateral shoulder pain. Physical examination documents, limited cervical range of motion with muscle spasm on palpation, tenderness, restricted lumbar motion, and sciatic stretch is positive with paraspinal muscle tenderness, restricted motion of the bilateral shoulders, tenderness over the right bicipital groove and left anterior AC region, and positive impingement sign on the left. Treatment plan includes transfer of care to this provider and renewal of Norco and provide transdermal Flurflex and TG Hot. According to the handwritten PR-2 dated 6/5/2014, the patient alternates Ultram, Norco, and Ambien. He still has some neck, shoulder, and low back pain. Objective findings document spinal spasm, reduced range, tender cervical and lumbar spine, and neck motion loss. Diagnoses are past fusion and spinal discopathy. Treatment plan includes Sentra PM, Ambien, Ultram, and Norco. Work status is P&S, retired. According to a drug panel report dated 6/5/2014, hydrocodone, Hydromorphone, tramadol were inconsistent with

prescription therapy, medications were not reported as prescribed, and were detected in the sample.

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

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

**Sentra pm:** 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.

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

**Decision rationale:** The MTUS guidelines are silent about the Sentra PM. According to the ODG guidelines, Sentra PM is a medical food. It is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. This is a request for Sentra, a medical food used for insomnia. However, distinctive nutritional requirements are not clearly established for insomnia. Further, the ingredients of Sentra do not have proven efficacy in the treatment of insomnia. Sentra pm is not medically necessary.

**Ambien:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment.

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

**Decision rationale:** The MTUS guidelines are silent about the Ambien. This is a request for Ambien (Zolpidem). However, the ODG recommends short-term use of 2-6 weeks. However, the patient appears to be prescribed this medication on a long-term basis. History and examination findings do not support an exception to the guideline recommendation. Ambien is not medically necessary.

**Ultram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term use for chronic, nonmalignant pain is not clearly established. This is a request for Ultram. However, history and examination findings do not support clinically significant functional benefit from use of this medication. Ultram is not medically necessary.

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Norco Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term use for chronic, nonmalignant pain is not clearly established. This is a request for Norco. However, history and examination findings do not support clinically significant functional benefit from use of this medication. Medical Norco is not medically necessary.