

<b>Case Number:</b>	CM14-0010657		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery and Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 61 year old male who sustained an injury on 08/03/01 when a heavy beam fell on top of him. The injured worker sustained injuries to the low back, upper back, and right shoulder. The injured worker is noted to have had a prior lumbar fusion from L4 to S1 performed in January of 2004 followed by a revision fusion procedure from T11 to S1. The injured worker has been followed for ongoing chronic complaints of low back pain as well as mid to upper back pain 7/10 on the VAS. Without medications, the injured worker's pain scores were as high as 10/10. Medications at this visit included Methadone 10mg every 6 hours, Percocet 10/325mg every 4 hours for breakthrough pain, as well as Ambien, Topamax, Lyrica, Lidoderm patches, Celebrex, and Colace. On physical examination, there was limited range of motion in the lumbar spine with tenderness to palpation of the paravertebral musculature. The injured worker's pain scores continued to be between 5 and 7/10 on the VAS with medications. The injured worker was noted to be functional with these medications and reported a reduced ability to function without medications. The injured worker did have side effects from the use of Lunesta and indicated that Ambien provided better benefit. Physical examination findings on 12/11/13 were unchanged. Follow up on 12/11/13 noted that the injured worker was being recommended to continue with Methadone in order to reduce the amount of Percocet being utilized which contained Acetaminophen. Physical examination remained unchanged. The injured worker was recommended to continue with Percocet at 180 tablets as Methadone had not been approved in the past. The requested Methadone 10mg, quantity 120, Percocet 10/325mg, quantity 180, and Ambien CR 12.5mg, quantity 30 with 5 refills were all denied by utilization review on 01/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10 MG QTY:120 WITH NO REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES OPIATES, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** In regards to the requested Methadone 10mg, quantity 120, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did note ongoing pain relief with the continued use of Methadone. The injured worker's pain scores were reduced to between 5 and 7/10 on the VAS with this medication. Without medications, the injured worker was not functional and had severe 10/10 pain. Given the functional benefit afforded to the injured worker from this medication as well as the lack of any indication regarding aberrant medication use, this medication is medically necessary.

**PERCOCET 10/325 MG QTY:180 WITH NO REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES OPIATES, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** In regards to the request for Percocet 10/325mg, quantity 180 without refills, this medication is medically necessary. Per the clinical reports by [REDACTED] the injured worker was slowly being transitioned from Percocet to Methadone to avoid excessive Acetaminophen use. This would be reasonable and medically appropriate. The injured worker continued to gain benefit from the use of narcotic medications such as Percocet to include reduced pain and improved function. Given the plans for ultimately weaning off of Percocet as well the functional benefit obtained with this medication, this medication is medically necessary.

**AMBIEN CR 12.5 MG QTY: 30 WITH 5 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), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Zolpidem (Ambien).

**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:** In regards to Ambien CR 12.5mg, quantity 30 with 5 refills, this medication is not medically necessary. Ambien is not recommended for long term use in the treatment of insomnia or sleep difficulty. The injured worker was switched from Ambien to Lunesta with noted side effect. Although the return back to Ambien was reasonable and medically appropriate, the 5 refills requested would not have been indicated due to the lack of recommendation for long term use of Ambien. Furthermore, there is no indication of any weaning attempts for Ambien as guidelines do recommend a reduction of Ambien from 12.5mg to 6.25mg. As the clinical documentation submitted for review would not support 5 refills of Ambien as outlined by guidelines, this medication is not medically necessary.