

<b>Case Number:</b>	CM14-0011901		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/12/1995
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 63year old woman with a work-related injury dated 4/12/95 with resulting chronic pain to the low back, right shoulder and right carpal tunnel. She was seen most recently on 12/9/13 by the pain specialist. At this visit she notes her medications still work for her and she still needs them. The injured worker complains of pain in the back, legs, hips and right foot with an average daily level of 8-9/10. Her current medications include Norco, Ambien, Lyrica, Premarin, Lidoderm patch, oxycodone, flexeril, celebrex, neurontin and MS Contin. Exam shows that the range of motion of the lumbar spine shows decreased range of motion without any neurological abnormalities. The injured workers diagnosis include lumbar radiculopathy, degenerative disc disease, and facet arthropathy. The plan of care includes norco 10/325 and ambien 10mg for pain related insomnia there is a plan for discussing the use of buprenorphine. The injured worker is noted as having a urine drug test on 8/13/13. There is no documentation of a recent functional assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

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

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case the documentation does not support improved functional status of the patient while taking chronic opioid medications. The continued use of norco isn't medically necessary.

**AMBIEN 10MG #30:** 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 Other Medical Treatment Guideline or Medical Evidence: UptoDate.com Approach to the patient with insomnia

**Decision rationale:** The MTUS is silent regarding the use of ambien for chronic insomnia. The FDA has approved the use of ambien for short-term treatment of insomnia (with difficulty of sleep onset). Ambien is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case the injured worker has taken ambien for longer than 8 weeks without referral for further work-up or (CBT). The continued use of ambien is not medically necessary.