

<b>Case Number:</b>	CM14-0111715		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/08/1998
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Preventive 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:

According to the records made available for review, this is a 41-year-old female with a 10/8/98 date of injury. At the time (6/25/14) of request for authorization for Hydrocodone/Acetaminophen 10/325 Mg #360 and Zolpidem 10MG #30 - With 2 Refills, there is documentation of subjective (low back pain radiating to the left lower extremity and insomnia secondary to pain) and objective (decreased lumbar range of motion, trigger points in the lower iliocostalis muscles with a twitch response) findings, current diagnoses (persistent insomnia and lumbar radiculopathy), and treatment to date (ongoing therapy with Hydrocodone/Acetaminophen and Zolpidem since at least 1/8/14 with decrease in pain levels, improved sleep, and increase in activities of daily living). In addition, medical report identifies a signed opiate agreement. Regarding Zolpidem 10MG #30 - With 2 Refills, there is no documentation of short-term (two to six weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 Mg #360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of persistent insomnia and lumbar radiculopathy. In addition, given documentation of a signed opiate contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Hydrocodone/Acetaminophen since at least 1/8/14 with decrease in pain levels, improved sleep, and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Hydrocodone/Acetaminophen. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325 Mg #360 is medically necessary.

**Zolpidem 10MG #30 - With 2 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.

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

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of persistent insomnia and lumbar radiculopathy. In addition, there is documentation of insomnia. Furthermore, given documentation of decrease in pain levels, improved sleep, and increase in activities of daily living with Zolpidem, there is documentation of functional benefit or improvement as an increase in activity tolerance. However, given documentation of ongoing treatment with Zolpidem since at least 1/8/14, there is no documentation of short-term (two to six weeks) treatment. Therefore, based on guidelines and

a review of the evidence, the request for Zolpidem 10MG #30 - With 2 Refills is not medically necessary.