

<b>Case Number:</b>	CM14-0114411		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old male with a date of injury of 02/07/2000. The listed diagnoses per the requesting physician are postlaminectomy syndrome, lumbar; constipation, other; and persistent insomnia. According to progress report 05/07/2014, patient presents with neck, low back, bilateral upper and lower extremity radicular pain, and insomnia secondary to pain. Patient presents for follow-up and management of medication. Patient's pain level with medication is 5/10 and pain level without medication is 10/10. Medication regimen includes docusate sodium, hydrocodone-acetaminophen 10/325 mg, OxyContin 40 mg, Promolaxin 100 mg, and Zolpidem 12.5 mg. Treater states the patient has signed an opiate agreement and opioid risk tool has been applied to this patient. Urine toxicology screens have been appropriate. Treater is requesting a refill of hydrocodone-acetaminophen 10/325 mg #240 and zolpidem 12.5 mg #30 with 1 refill. Utilization review denied the request on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with neck, low back, bilateral upper and lower extremity radicular pain, and insomnia secondary to pain. The treater is requesting a refill of hydrocodone-acetaminophen 10/325 mg #240. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking this medication since at least 03/12/2014, possibly earlier as this is the earliest report provided for review. In this case, review of progress reports provides no discussion regarding efficacy or functional improvement from taking Hydrocodone. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Recommendation is not medically necessary.

**Zolpidem 12.5mg #30 with 1 refill:** 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 Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments, Zolpidem (Ambien).

**Decision rationale:** This patient presents with neck, low back, bilateral upper and lower extremity radicular pain, and insomnia secondary to pain. The treater is requesting a refill of zolpidem 12.5 mg #30 with 1 refill. The MTUS and ACOEM Guidelines do not address Ambien. However, the Official Disability Guidelines (ODG) state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Review of the progress report indicates the patient has been taking the extended release zolpidem 12.5 mg since at least 03/12/2014. ODG Guidelines does not recommend long-term use of this medication, and recommendation is not medically necessary.