

<b>Case Number:</b>	CM14-0131477		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 claimant is a 34-year-old gentleman who injured his low back on 07/29/13. The clinical records provided for review document conservative treatment of the claimant has included medication management, activity restrictions, epidural steroid injections, and work modifications. The clinical report dated 08/20/14 describes continued complaints of pain in the low back radiating to the left groin and that a recent epidural injection provided no significant benefit. Objectively, on examination, there was restricted range of motion at endpoints with no other clinical findings documented. The medical records do not contain any documentation of benefit from the current medication regimen consisting of Naprosyn, Tylenol, Omeprazole, Norco, and Ambien. The claimant's working diagnosis was documented as chronic low back pain with disc protrusion. The medical records did not contain any imaging reports or documentation of the results of diagnostic testing. The recommendation was made for continuation of medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids: Hydrocodone/Acetaminophen & Cha.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone) , Opioids-Criteria For Use Page(s): 91; 76-80.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support the continued use of Norco. The medical records provided for review do not contain any documentation that described the claimant's improvement with this medication as recommended by the Chronic Pain Guidelines as advancement of work functions, activities, or indication of benefit from a subjective standpoint. Therefore, the continued use of Norco based on the claimant's current clinical presentation and diagnosis would not be supported therefore, the request is not medically necessary.

**Ambien 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure - Zolpidem (Ambien®) Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-ca

**Decision rationale:** The MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would currently not support continued use of Ambien. ODG Guidelines recommend that Ambien, like all sleeping aids, is typically not recommended beyond four to six weeks of use in the acute setting and there is currently no indication for the use of this agent in the chronic course of care. Given the claimant's clinical presentation and current diagnosis of chronic low back pain, there would be no indication for continued use of an acute sleep aid at this stage in course of care. Therefore, this request is not medically necessary.