

<b>Case Number:</b>	CM14-0132489		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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, Pain Medicine, and is licensed to practice in California and Washington. 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 51-year-old who reported an injury on 07/31/2001. The mechanism of injury was not provided. On 06/05/2014 the injured worker presented with pain in the lumbar spine. Current medication included Opana and Norco. Upon examination of the neck there were normal findings. Diagnosis was chronic pain. The provider recommended Opana, Zolpidem, and oxycodone. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Opana ER 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Opioids, criteria for use; Oxymorphone (Opana).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for 1 prescription of Opana ER 20mg #60 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects should be evident. The lack of evidence of an objective assessment and the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the medication was not provided. The provider's pain level is steady at a 9/10 providing no relief or functional ability from the medications. Additionally, there is lack of additional objective functional deficits on physical examination. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

### **1 prescription of Zolpidem 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, Pain (Chronic) Zolpidem.

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

**Decision rationale:** The request for 1 prescription of Zolpidem 10mg #30 is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for short term, usually 2 to 6 weeks treatment of insomnia. Zolpidem is the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. Various medications may provide short term benefit. All sleeping pills are called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever recommend them for long term use. They can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern there may be increased pain and depression over the long term. The efficacy of the prior use of Zolpidem has not been provided. Additionally, there is no sign, symptoms or diagnosis of insomnia to warrant the use of Zolpidem. The provider's request does not indicate the frequency of the medication. As such, medical necessity has not been established.

### **1 prescription of Oxycodone 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Oxycodone; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for 1 prescription of Oxycodone 10/325mg #90 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. The lack of evidence of an objective assessment and the injured worker's pain level, functional status,

evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the medication was not provided. The provider's pain level is steady at a 9/10 providing no relief or functional ability from the medications. Additionally, there is lack of additional objective functional deficits on physical examination. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.