

<b>Case Number:</b>	CM14-0137901		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 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 injured worker is a 37 year old male who suffered a back injury of industrial origin on 9/10/2009. He underwent lower spine surgery in the lumbar spine and subsequently had an EMG showing chronic radiculitis of the L5 and S1 nerve roots. He has most recently, in January 2014, undergone three level fusion surgery of the lumbar spine. Cervical imaging has also been performed for neck pain but there were no notable changes and no interventions beyond pain relief were sought. The injured worker has a significant psychiatric comorbidity of anxiety with dependence on opiates along with an underlying borderline personality type including passive-aggressive traits. The provider, in his latest documentation of 7/11/2014, clarifies that the patient does not have a history of aberrant behavior. There is further documentation of ongoing functional benefits of chronic opiate therapy including long acting morphine 30 mg thrice a day in addition to as needed Norco 10/325 mg up to three a day. Although a plan to institute a taper was recommended and prescription changed to morphine extended release 15 mg three times a day, which did not occur. The injured worker has voiced significant relief of insomnia with Ambien. The provider is of the clinical judgment and opinion that the patient is functional with his current regimen including opiates and Ambien. Of note, the patient has been on Cymbalta for chronic pain. There are inconsistencies noted in the urine drug screens, with Ambien not detected and hydrocodone detected, which were both unexpected findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-80.

**Decision rationale:** The patient has displayed clear signs and symptoms of aberration. He has sought care at the ER on four occasions in one month, in February of 2014 and his urine drug screen suggests he is not taking the Ambien. Further, he had positive hydrocodone in his urine drug screen also suggesting inconsistency with recommended treatment, possibly because he obtained Vicodin (which contains hydrocodone) from another provider in the ER visits documented. The patient is also purported to have obtained medications from a family member, documented twice by the primary treating physician himself. Despite functional gains and relief of pain engendered according to the latest clinical record, there is unequivocal evidence of aberrancy. There is highly suggestive clinical information that the injured worker is addicted to opiates. This is documented as such in the psychotherapy notes and evaluation. As such, the request cannot be recommended as 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 (ODG), Stress & Mental Illness Chapter, Zolpidem

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Insomnia, Zolpidem.

**Decision rationale:** Ambien is only indicated for short term use according to applicable guidelines. In addition, the patient was not found to have it in his urine despite being prescribed this medication, suggesting diversion. Therefore, the request for Ambien 30 mg, quantity 30, is not recommended as medically necessary.

**Morphine Sulfate ER 30mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-80.

**Decision rationale:** The patient has displayed clear signs and symptoms of aberration. He has sought care at the ER on four occasions in one month, in February of 2014 and his urine drug screen suggests he is not taking the Ambien. Further, he had positive hydrocodone in his urine drug screen also suggesting inconsistency with recommended treatment, possibly because he

obtained Vicodin (which contains hydrocodone) from another provider in the ER visits documented. The patient is also purported to have obtained medications from a family member, documented twice by the primary treating physician himself. Despite functional gains and relief of pain engendered according to the latest clinical record, there is unequivocal evidence of aberrancy. As such, the request cannot be recommended as medically necessary.