

<b>Case Number:</b>	CM14-0139370		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family 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:

This injured worker's date of injury is 08/05/2007. This patient receives treatment for chronic pain syndrome, anxiety and depression, cervical disc disease and spinal stenosis of the neck. The patient received physical therapy, TENS, and H Wave treatments. ESIs were performed. Medications include: Norco, Ambien, Wellbutrin, Xanax, Soma, Zanaflex, Ibuprofen, and Acyclovir.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg/tab; 1-2 tabs p.o Q4-6hrs PRN max 5/day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient has chronic neck pain and is opioid dependent. The documentation does not show that there is good pain control nor significant improvement in function with the opioid therapy. Chronic pain treatment guidelines require consideration for the complications of opioid therapy, which include hyperalgesia, the development of tolerance,

addiction, dependence, and aberrant behavior. Based on the documented outcomes, Norco is not medically indicated.

**Ambien 10mg/tab; 1 tab QHS #30 refill 2:** 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), Pain (updated 7/10/14): Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com: Treatment of insomnia

**Decision rationale:** Ambien can be medically indicated for the short-term management of insomnia, less than 35 days. The 10 mg dose is associated with increased occurrence of next day side effects, which include clouded thinking, confusion, and sleep associated behaviors. Ambien use should not be for the long-term. Ambien is not medically indicated.