

<b>Case Number:</b>	CM14-0139373		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<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 Physical Medicine & Rehabilitation 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 60 year old male who reported an injury on 08/11/2009. The mechanism of injury was not specified. His diagnoses included sciatica, reduction deformities of the brain, lumbago, and lumbar post laminectomy syndrome. His treatments included a transcutaneous electrical nerve stimulation unit, epidural injections, home exercise program, and a functional restoration program. He had a lumbar laminectomy in September 2010. Diagnostic studies were not provided. On 07/15/2014 he reported an increase in pain which he attributed to his increased activity. The pain reportedly radiated into his lower extremities more so on the left side. He reported around 75-80% relief in his pain with Methadone along with the ability to get out of bed in the morning, ability to walk, grocery shop, do laundry, wash dishes, and run errands. He utilized Ambien for sleep. Objective findings included normal muscle tone without atrophy in the extremities and no evidence of distress or anxiety. His medications included Methadone HCl 10mg 1 tablet 5 times per day, Lorazepam 1mg 1 tablet as needed for anxiety, Ambien 10mg 1 tablet as needed at bedtime, and Tizanidine HCl 4mg 1 capsule every 8 hours. The treatment plan was for Ambien 10mg #30 with 1 refill and Methadone HCl 10mg #150. The rationale for the request was so that the injured worker can continue to perform his activities of daily living and the Ambien helps him sleep. The request for authorization form was submitted on 08/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30, 1 refill:** 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 (Ambien).

**Decision rationale:** As stated in the Official Disability Guidelines, Ambien is approved for short term use, which is usually 2-6 weeks, for treatment of insomnia. The medication can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that the medication can increase pain and depression over the long-term. Prescribing physicians should consider alternative approaches for treating insomnia such as sleep hygiene. The injured worker suffered from chronic low back pain. It was noted that he has been taking Ambien since at least 2012; however, the guidelines indicate that the medication is for short term use of up to 6 weeks. The medication is noted to possibly increase pain over time. Furthermore, there was a lack of documentation showing that the physician has tried alternatives to try and wean the injured worker off the medication to prevent habitual use. Also, the request failed to provide the frequency of the medication. Based on this information, continued use is not supported. Based on the clinical information submitted for review, the request for Ambien 10mg #30 with 1 refill is not medically necessary.

**Methadone HCl 10mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids for Chronic Pain, Page(s): 61, 80, 88.

**Decision rationale:** As stated in California MTUS Guidelines, if the potential benefit outweighs the risk, then Methadone is recommended as a second-line drug for moderate to severe pain. It should be given with caution to patients with decreased respiratory reserve, such as those with asthma and chronic obstructive pulmonary disease. Furthermore, opioids appear to be effective but are limited for short term pain relief and long term efficacy is unclear, but also seems limited. The ongoing use of an opioid requires detailed documentation such as improvement in pain and functionality compared to baseline and drug screening to check for appropriate medication use. The thorough pain assessment should include what the injured worker's pain is at the time of visit; average pain; the least reported pain over the period since last assessment; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker suffered from chronic low back pain. It was noted that he had been taking Methadone for at least a couple of years. On 07/15/2014 he reported around 75-80% relief in his pain with Methadone along with the ability to get out of bed in the morning, ability to walk, grocery shop, do laundry, wash dishes, and run errands; however, the examination did not detail the pain assessment to include what the injured worker's pain was at the time of visit; average pain; the least reported pain over the period since last assessment; intensity of pain after taking

the opioid; how long it takes for pain relief; and how long pain relief lasts. The note from 05/20/2014 noted he was diagnosed with chronic obstructive pulmonary disease and was started on Combivent, which the guidelines indicate that the medication should be given with caution to those who have a weakened respiratory reserve. Furthermore, his last noted urine drug screen was in 2012; however, the guidelines require a recent urine drug screen with results to confirm appropriate medication use. In addition, the request failed to show how frequent the injured worker should be taking the medication. Based on the clinical information submitted for review, the request for Methadone HCl 10mg #150 is not medically necessary.