

<b>Case Number:</b>	CM14-0139860		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	09/19/1988
<b>Decision Date:</b>	10/03/2014	<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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old with an injury date on 9/19/88. Patient complains of lower lumbar pain with spasms, rated 4/10 per 8/7/14 report. Patient also has bilateral lower extremities pain, and radiating pain to groin per 2/6/14 report, and the 6/10/14 report states that the medications help 40-50% in decreasing pain and increasing function. Based on the 2/26/14 progress report provided by [REDACTED] the diagnoses are: 1. post back fusion and laminectomy syndrome 2. myofascial pain in the bilateral lumbar paraspinal muscles 3. lumbar facet arthritis 4. lumbar degenerative disc disease Exam on 2/26/14 showed "L-spine range of motion severely reduced, with extension at 10 degrees. straight leg raise is slightly positive." [REDACTED] is requesting ambien CR 125mg #30 and oxycontin 40mg #60. The utilization review determination being challenged is dated 8/7/14 and denies Ambien since patient has been taking Ambien since April 2013. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/14 to 7/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, ODG-TWC guidelines, Chronic Pain Chapter online, Zolpidem: (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>)

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain and is s/p multiple back surgeries, most recently a fusion from L2 to S1 in 2010. The treater has asked for Ambien CR 125mg #30 on 2/26/14. Patient has "poor sleep" per 2/26/14 report. Review of records show that the patient has no history of taking Ambien CR. According to ODG, Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, patient has difficulty sleeping, has no history of sleeping aids, and a trial of Ambien CR would be indicated for patient's condition. The requested Ambien CR 125mg #30 is reasonable and medically necessary for this type of condition. Therefore the request is medically necessary.

**Oxycontin 40mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ( Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for oxycontin 40mg #60 on 2/26/14. Patient is currently taking oxycontin as of 2/26/14. The documentation does not indicate the patient has returned to work as of 2/26/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include oxycontin, but there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, Therefore the request is not medically necessary.