

<b>Case Number:</b>	CM14-0153273		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/08/2005
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational 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 patient is a 55-year-old male, who has submitted a claim for cerebral concussion, myofascial laceration, cervical sprain, cervical disc herniation with radiculitis / radiculopathy, left shoulder impingement syndrome / rotator cuff tendinitis and lumbar disc herniation with radiculopathy associated with an industrial injury date of September 8, 2006. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck radiating to both arms and hands with numbness and tingling. There was also low back pain radiating to both legs with tingling, numbness and weakness. Physical examination of the cervical region showed the following range of motion (ROM): flexion at 45 degrees, extension at 50 degrees, left bending at 30 degrees and right bending at 30 degrees, left rotation at 50 degrees and right rotation at 55 degrees. There was positive spurling and foramina compression test. Tightness and spasm were noted at the trapezius, sternocleidomastoid and strap muscles, bilaterally. Examination of the left shoulder showed tenderness of the rotator cuff with positive impingement test. Spasm and tenderness were noted on the lumbar paraspinal muscles. Straight leg raise was positive at 75 degrees L5-S1 distribution. Treatment to date has included tramadol (since March 2014), zolpidem (since March 2014) and Norco. Utilization review from September 15, 2014 denied the request for Norco 10/325 mg #120 and Ultram 50mg #60 because documentation does not support its long term use. The request for Zolpidem 5mg and Mirtazipine 15mg were also denied because medical records did not provide rationale for its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Norco was requested for the neck, low back and shoulder pain of the patient. However, given the 2006 date of injury, the duration of opiate use to date is not clear. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, there was no pain contract or pain management plan documented. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Ultram was requested for the neck, low back and shoulder pain of the patient. However, given the 2006 date of injury, the duration of opiate use to date is not clear. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition there was no pain contract or pain management plan documented. Therefore, the request for Ultram 50mg #60 is not medically necessary.

**Zolpidem 5mg (quantity unknown):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, pain-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 Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In this case, progress notes reviewed showed that the patient was on Zolpidem since March 2014. However, records reviewed did not show symptoms of insomnia or any improvement in the functional capacity of the patient. The indication for the use of Ambien was not met. In addition, the request did not specify the dosage and quantity to be dispensed and frequency of the treatment. Therefore, the request for Zolpidem 5mg (quantity unknown) is not medically necessary.