

<b>Case Number:</b>	CM14-0153734		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<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 Physical Medicine and 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:

According to the records made available for review, this is a 51-year-old male with a 1/17/02 date of injury, and lumbar spine laminectomy (date unspecified). At the time (8/13/14) of request for authorization for Hydrocodone/Acetaminophen 10/325mg #90 with 2 refills, Ambien 10mg #30 with 2 refills, and Duloxetine 60mg #30 with 2 refills, there is documentation of subjective (pain and stiffness of the low back, sleep disturbances, depression, and anxiety) and objective (positive straight leg raise on the left, and decreased deep tendon reflexes of the lower extremities) findings, current diagnoses (degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and lumbosacral neuritis), and treatment to date (physical therapy and medications (including ongoing treatment with Ambien, Hydrocodone/Acetaminophen, and Duloxetine since at least 4/8/14)). Medical reports identify that pain levels stay at tolerable levels with medications; that patient is able to sleep relatively normally with Ambien; and a Narcotic contract. Regarding Hydrocodone/Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Regarding Ambien, there is no documentation of short-term (less than two to six weeks) treatment. Regarding Duloxetine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duloxetine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and lumbosacral neuritis. In addition, there is documentation of ongoing treatment with Hydrocodone/Acetaminophen. Furthermore, given documentation of a Narcotic contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that pain levels stay at tolerable levels with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325 mg #90 with 2 refills is not medically necessary.

**Ambien 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available

for review, there is documentation of diagnoses of degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and lumbosacral neuritis. In addition, there is documentation of sleep disturbances and ongoing treatment with Ambien. Furthermore, given documentation of the ability to sleep relatively normally with the use of Ambien, there is documentation of functional benefit a result of Ambien use to date. However, given documentation of records reflecting prescription for Ambien since at least 4/8/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on based on guidelines and a review of the evidence, the Ambien 10 mg #30 with 2 refills is not medically necessary.

**Duloxetine 60mg #30 with 2 refills:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and lumbosacral neuritis. In addition, there is documentation of depression, anxiety, and ongoing treatment with Duloxetine. However, despite documentation that pain levels stay at tolerable levels with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duloxetine use to date. Therefore, based on based on guidelines and a review of the evidence, the Duloxetine 60 mg #30 with 2 refills is not medically necessary.