

<b>Case Number:</b>	CM14-0176673		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/02/1996
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 9/10/14 note indicates neck pain with radiculopathy. The pain is worse with exertion and better with medications. Pain has been increasing. The use of Kadian provides about 45-50% reduction in pain. The insured reports being able to perform ADLs as a result. The use of Norco is reported to produce another 20-25% improvement in back pain and radicular pain. Ambien is reported to help in managing insomnia and is used intermittently. The insured has been monitored regarding ongoing opioid use and UDS's have been utilized. Examination notes decreased strength of 4/5 in lower extremity with decreased sensation in right and left L4-S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription for Kadian 80mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use / On-Going Management regarding.

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

**Decision rationale:** ODG guidelines support ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include:

current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided for review indicate a chronic pain condition that improves with ongoing treatment with opioids and is monitored for analgesic use. . The insured has reported reduction in pain, with ability to do ADL's as a result and has ongoing opioid risk mitigation being documented. The medical records support use of Kadian congruent with ODG guidelines. The request is medically necessary.

**1 prescription for Ambien 10mg #30: Overturned**

**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); Insomnia treatment

**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

**Decision rationale:** The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The request is medically necessary.

**1 prescription for Norco 10/325mg #180: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco (opioid).

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

**Decision rationale:** ODG guidelines support ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided for review indicate a chronic pain condition that improves with ongoing treatment with opioids and is monitored for analgesic use. The insured has reported reduction in pain, with ability to do ADL's as a result and has ongoing opioid risk mitigation being documented. The medical records support use of Norco congruent with ODG guidelines. The request is medically necessary.