

<b>Case Number:</b>	CM14-0178970		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 and 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 54 year old with an injury date on 5/9/01. Patient complains of low lumbar pain with bilateral leg pain and neuropathy per 9/15/14 report. Patient recently had a fall and abrasion to the right knee, and also some buttock pain from the fall per 9/15/14 report. Based on the 9/15/14 progress report provided by [REDACTED] the diagnoses are: 1. probably lumbar facet mediated pain, 2. lumbar degenerative disc disease, 3. CRPS right lower extremity, 4. spinal cord stimulator, 5. intrathecal pump, 6. Depression. Exam on 9/15/14 showed "L-spine range of motion painful on extension/rotation. Straight leg raise negative, hypersensitivity right leg." Patient's treatment history includes psychotherapy (helpful), home exercise (walking, stretching), an intrathecal pain pump. [REDACTED] is requesting Norco 10/325mg #240, Zolpidem 10mg #30, and Demerol 100mg #90. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/26/13 to 9/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** This patient presents with lower back pain, and bilateral leg pain. The treater has asked for NORCO 10/325mg #240 on 9/15/14. Patient has been taking Norco since 1/21/14. 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 does not indicate reduction of pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

**Decision rationale:** This patient presents with lower back pain, and bilateral leg pain. The treater has asked for zolpidem 10mg #30 on 9/15/14. Patient has been taking Ambien since 2/3/14. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien for 7 months, while ODG only recommends for short-term use (7-10) days. The requested zolpidem 10mg #30 is not indicated. Recommendation is for denial.

**Demerol 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Meperidine (Demerol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with lower back pain, and bilateral leg pain. The treater has asked for demerol 100mg #90 on 9/15/14. Patient has been taking Demerol since 1/21/14. 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 does not indicates a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.