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| <b>Case Number:</b>   | CM14-0182771 |                              |            |
| <b>Date Assigned:</b> | 11/07/2014   | <b>Date of Injury:</b>       | 10/01/2001 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 10/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 Emergency 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:

This is a patient with a reported date of injury on 10/1/2001. Mechanism of injury is described as cumulative injury and prior injury. Patient has a diagnosis of chronic pain syndrome, postlaminectomy syndrome, lumbago, sacroiliitis, thoracic sprain, meralgia paresthetica and obesity. Patient is reportedly post L4-5 and L5-S1 lumbar fusion in 2010 but actual date of surgery was not documented. Medical reports reviewed. Last report available until 6/18/14. Patient complains of low back pain. Pain is low back mostly to right. Pain radiates to right (R) leg associated with numbness and weakness. Also has mid back pains. Pain is 3-7/10 with occasional flares to 10/10. Patient has reportedly completed a course in PT and feels improved range of motion but no change in pain. Objective exam reveals mild-moderate discomfort, tenderness over thoracic and lumbar spine over spinous processes and paraspinal musculature. Prior scars noted. "Positive" straight leg raise bilaterally which causes back pain. Neurological exam reveals R lateral thigh with diminished sensation and L5 distribution. Weakness with EHL and dorsiflexion on R side. Antalgic gait. Patient is reportedly taking Norco with no improvement in pain but actual reported worsening pain. Report states that patient is supposed to take a maximum of 4 per day. There is no documented rationale or reasoning for Ambien request. MRI of lumbar spine dated 2/4/09 reportedly showed benign hemangioma at L1, degenerative disc disease upper 3levels with mild stenosis, L4-5 with significant degenerative disc disease with severe spinal canal stenosis and facet arthropathy. Actual report was not provided for review. Electrodiagnostic studies dated 8/15/10 reportedly were normal. Actual official report was not provided for review. Medications include Norco, Gabapentin, Ambien and Naproxen. Patient reportedly underwent physical therapy, chiropractic, epidural steroid injection and radio frequency ablation with no improvement. Independent Medical Review is for Norco 10/325mg #120 and Ambien 10mg #10. Prior UR on 10/7/14 recommended non-certification of

Ambien and modified prescription of Norco to #60. It approved Gabapentin, Naproxen, urine drug screen and MRI of lumbar spine.

### **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 Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation is appropriate except for a lack of documentation of analgesic control and activity of daily living. Documentation reports no change in pain, no change in function with opioid therapy. Guidelines also recommend long term plan for opioid management which is not appropriate documented. Patient is chronically on Norco with no objective improvement in pain, function or long term plan. Continued use of Norco is not medically necessary.

**Ambien 10mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

**Decision rationale:** As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documentation of any sleep problems on record. There is no diagnosis of sleep problems. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The provider has failed to document anything concerning sleep problems with this patient. The chronic use and lack of documentation to justify use of Ambien; therefore, the request is not medically appropriate and is not medically necessary.