

<b>Case Number:</b>	CM14-0020839		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Family Practice 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 49 yr. old female claimant sustained a work injury on 1/20/04 involving the low back . She has a diagnosis of lumbar degenerative disk disease, lumbar radiculopathy, and chronic pain. A progress note on 7/29/13 indicated she had severe back pain She was given a prescription for Hydrocodone 10/325 mg 1 pill 3 times daily for pain. She had been on Ambien 10mg for pain due to difficulty sleeping which was continued as well. Her pain on medications dropped her pain scores from 7/10 to 5/10. A progress note on 1/2/14 indicated she had severe back pain with radiation to the left leg. Exam findings were notable for paraspinal tenderness and a positive Faber's test along with pain in the buttock and trochanter. Her pain on medications dropped from 7/10 to 4/10. Exam findings were notable for paraspinal tenderness and a positive Faber's test along with pain in the buttock and trochanter. She was continued on Hydrocodone 10/325 mg and Ambien. A progress note on 1/31/14 indicated she had severe back pain with radiation to the right leg. Exam findings were notable for paraspinal tenderness and a positive Faber's test along with pain in the buttock and trochanter. She was continued on Hydrocodone 10/325 mg and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN 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 Treatment in Workers' Compensation, Online Edition, Pain Chapter, Zolpidem (Ambien).

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

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on insomnia medications. In this case, the claimant had been prescribed Ambien for several months. The dose provided exceeds that recommended for women and the length of time short acting Ambien is recommended. In addition, no other evaluations were performed to determine the nature of the sleep disturbance. The Ambien prescribed is not medically necessary.

**HYDROCODONE/ACETAMINOPHEN 10/325MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone/ APAP 10/325 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocodone/ APAP 10/325 for over 6 months with initial pain improvement , subsequent pain stabilization and no recent pain quantification. The continued use of Hydrocodone/ APAP 10/325 is not medically necessary.