

<b>Case Number:</b>	CM14-0020884		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/10/2014
<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 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:

The patient is a 54-year-old female who was injured on 12/15/2008 when she was involved in a motor vehicle accident. Prior treatment history has included epidural injection to the neck in 2010. The patient's medications as of 01/23/2014 include Ambien, Tizanidine, Norco, Relafen, Prilosec, Zoloft, Flexeril, Fioricet, Diovan, Levothyroxine, Lorazepam, Valturna, and Librax capsules. (There is no visual analog scale (VAS) reported). Pain and Rehab note dated 01/23/2014 states the patient presents with complaints of chronic severe neck pain. She reported she was having a hard time with the Norco 3 a day and feels that she would do better with four. Her neck pain makes it difficult for her to sleep and she uses Ambien. She has frequent headaches for which she uses Fioricet. She does continue to experience chronic severe neck pain. As per the report dated 12/11/2013, the patient asked to increase her Norco to 6 day. It is noted that she has been using medical marijuana since the first week of October 2013. Objective findings on exam revealed tenderness over the cervical paraspinal muscles and trapezius on the right greater than left. Range of motion is decreased to cervical flexion by about 50% as well as extension by 50%, both reproduce pain in her neck. The patient is diagnosed with long-term use medications, cervical disc degeneration, and cervical spondylosis without myelopathy. The treatment and plan include a prescription for Ambien 10 mg, Norco 10/325 mg, and Fioricet 50/325mg. The patient's Prilosec is discontinued. The treatment and plan include Norco, which has been increased from 90 tablets to 120 tablets. Prior UR dated 02/10/2014 states the request for Norco, Ambien and Fioricet is non-certified as there is no documented functional improvement, monitoring or pain contract; weaning should be initiated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** As per CA MTUS guidelines, Norco (Hydrocodone and Acetaminophen) as a short acting opioid is recommended for chronic pain management. For the on-going management with Opioids, the guidelines state the following criteria; "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". Although the medical records document lowering of Norco frequency from 6 to 3 per day, they do not indicate pain or functional assessment to address a satisfactory response to the medication. Therefore, the medical necessity of Norco 10/325mg #360 has not been established according to the guidelines. The request is not medically necessary.

**AMBIEN 10MG, #90:** 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 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), Pain chapter, Zolpidem.

**Decision rationale:** .According to ODG guidelines, Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. The visit note dated 11/27/2013 documents that the patient has been using Ambien at least since that time. Moreover, the medical records do not address detailed assessment of insomnia. Therefore, the medical necessity of Ambien 10 mg #90 has not been established according to the guidelines. The request is not medically necessary.

**FLORICET 50-325MG-40MG, #120:** 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 chapter, Barbiturate-Containing Analgesic Agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

**Decision rationale:** According to CA MTUS guidelines, Fioricet as a Barbiturate-containing analgesic (composed of Barbiturate, Acetaminophen and Caffeine) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Accordingly, Fioricet 50-325mg - 40mg is not medically necessary. The request is not medically necessary.

**RETRO: URINE DRUG SCREEN; 01/23/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing.

**Decision rationale:** As per CA MTUS guidelines, and ODG guidelines, the urine drug screen (UDS) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The UDS is indicated for initiation of treatment, which is not applicable for this patient, or for monitoring of ongoing medication. The visit note dated 1/23/2014 addresses that Prilosec is discontinued. The same record indicates that the patient had stopped the use of medical Marijuana, which she had been using for Irritable bowel syndrome (IBS). The IBS is not considered as a part of the patient's work-related injury, since the available medical records do not document it as a part of the diagnosis or a related comorbidity. Moreover, there is no supporting psychological evaluation provided to address that the patient is at high risk of addiction. On the other hand, the patient is not on ongoing Opioid management since Prilosec is discontinued and Norco is not certified according to the guidelines. Therefore, the medical necessity of retrospective urine drug screen (DOS: 01/23/14) has not been established. The request is not medically necessary.