

<b>Case Number:</b>	CM14-0025364		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 injured worker is a 48 year-old male who reported an injury on 04/19/2006; the mechanism of injury was not provided. The clinical note dated 04/17/2014 noted the injured worker presented with neck and upper back pain. Prior treatment included injections, medication, and therapy. Upon examination of the cervical spine, there was slight tenderness noted in the lower cervical spine, there were some tenderness noted to palpation in the upper thoracic spine. Examination of the lumbar spine noted a well healed midline incision overlying the lumbar spine, tenderness to palpation overlying the lumbar spine with slight to moderate bilateral lumbar paraspinal tenderness. Deep tendon reflexes in the upper and lower extremities were 2+/4 and symmetrical bilaterally. The diagnoses were chronic back pain, left S1 radiculopathy per electromyography (EMG), lumbar spondylolisthesis status post fusion, possible cervical radiculopathy, post-concussional syndrome with intermittent headaches and cognitive deficits, pain related insomnia, pain related depression, possible posttraumatic stress disorder, and erectile dysfunction. The provider recommended Norco 10/325 mg with a quantity of 105 x2 and Ambien 10 mg with a quantity of 20 x2, the provider's rationale was not provided. The request for authorization for Ambien was dated 04/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #105 X2:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325 mg with a quantity of 105 x2 is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 11/18/2013, the efficacy of the medication was not provided. The frequency of the medication was not provided within the request. As such, the request is non-certified.

**AMBIEN 10 MG #20 X2:** 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, Insomnia Treatment, Zolpidem.

**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 Official Disability Guidelines state that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is the same drug as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The injured worker has been prescribed Lunesta prior to Ambien, since at least 11/2013. The injured worker states that he sleeps 6 hours with Ambien use and 2 to 3 hours without the medication. The guidelines recommend short-term treatment with Ambien usually 2 to 6 weeks. The request for Ambien 10 mg with a quantity of 20 x2 exceeds what is recommended by the guidelines short-term treatment. The provider's request does not indicate the frequency of the medication. As such, the request is non-certified.