MAXIMUS Federal Services

| Case Number: | CM14-0027057 | | |
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| Date Assigned: | 06/13/2014 | Date of Injury: | 03/07/2008 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

## 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 58 year old male who sustained an injury on 03/07/08. No specific mechanism of injury was noted. The injured worker was followed for complaints of chronic low back and upper back pain. The injured worker had prior surgical intervention for the left elbow including medial and lateral epicondylectomy. The injured worker had a long history of medication use including Norco and Ambien. The injured worker was being followed by a pain management physician. The injured worker was seen on 01/08/14 with complaints of continuing low back pain that was worsened with other changes. On physical examination there was a prior surgical scar to the left side of the lumbar spine. The injured worker had slightly antalgic gait walking in a slightly flexed forward posture. The injured worker reported increase in low back pain with any toe or heel walking. There was persistent tenderness to palpation in the lumbar spine with limited lumbar range of motion. Reflexes were 1-2+ reflexes were 1+ and symmetric. Norco and Ambien were refilled at this visit. The clinical documentation noted prior toxicology results showing positive finding for oxycodone which was prescribed in August and May of 2013. The injured worker was recommended for further physical therapy. The requested Norco 10/325mg #136 and Ambien 10mg #30 were denied by utilization review on 02/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG ONCE PO Q 8 HOURS #136:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Norco 10/325mg quantity 136, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as recent toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended the request of Norco 10/325mg #136 as medically necessary and appropriate.

**AMBIEN 10MG ONCE PO Q HS #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 Chapter (updated 01/07/14), 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:** In regards to the use of Ambien 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended the request of Ambien 10mg #30 as medically necessary.