

<b>Case Number:</b>	CM14-0033255		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Texas and Oklahoma. 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 10/18/2012 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy sessions, acupuncture treatment, aqua therapy treatment, EMG/NCS, MRI, and a lumbar spine brace. The injured worker was evaluated on 02/11/2014, and it was documented that the injured worker complained of lower back and left hip pain. The provider noted that the injured worker stated his pain had increased since last visit. The provider noted that the injured worker rated his pain at a 6/10 and 0/10 on the pain level scale. That the injured worker's pain occurs intermittently and increases to an 8/10 frequently. The provider noted the injured worker's medications are helping somewhat. Physical examination of the lumbar spine revealed paravertebral muscles had spasms, tenderness, hypertonicity, tight muscle band and trigger point was obtained along with radiating pain on palpation. There was tenderness on the coccyx, posterior iliac spine and sacroiliac joint. Spinous process tenderness was noted on L3-S1. Lumbar facet loading was negative on both sides. Straight leg raise test was positive on the right side with low back and leg pain at 40 degrees, the left side and leg pain was at 60 degrees. Physical examination of the left hip revealed no tenderness to palpation, the injured worker assumed a lateral decubitus position with knee flexed to 90 degrees, slight abduction to femur with hip extension to its limit with the pelvis stabilized produced no significant discomfort. The provider noted this was a sign of iliotibial tract contracture associated with trochanteric bursitis or snapping hip syndrome. The provider did not indicate the injured worker had any GI symptoms. Medications included Ambien 10 mg, Senokot-S tablet and Norco 10/325 mg. The provider noted that the injured worker had returned to work on modified duty. Diagnoses included musculotendinoligamentous sprain, T/S, musculotendinoligamentous sprain/strain, L/S, radiculopathy, L/S, sprain/strain sacroiliac ligament, adjustment reaction with anxiety secondary

to chronic pain and disability, chronic pain and disability with delayed functional recovery, disc bulging, L/S, lumbar facet arthropathy, sacroiliac dysfunction, musculoskeletal anomalies not elsewhere classified and not otherwise specified, insomnia, and sprains and strains of the lumbar region. The documentation that was submitted indicated that the injured worker has been on Ambien, Senokot, and Norco approximately since 02/19/2013; however, the documentation submitted lacked a urine drug screen for the injured worker.

### **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 (ODG), Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** The request for Ambien 5 mg tablets quantity 30 is non-certified. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 anti-anxiety 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is non-certified.

#### **Senokot tab #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugss.com/cdi/senokot.html>.

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

**Decision rationale:** The request for Senokot tab # 90 is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, recommends documentation of adverse effects when on long-term usage of opioids 6 months or more to Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth,

sweating, hyperalgesia, sexual dysfunction, and sedation The documentation submitted had lack of evidence of the injured worker having constipation issues. Given the above, the request is non- certified.

**Norco 10/325 #30:** 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): page(s) 78, Postsurgical Treatment Guidelines.

**Decision rationale:** The requested service is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The documents submitted indicated the injured worker has been on opioids approximately since 02/19/2003, however, there were no urine drug screen submitted to ensure pain medication compliance. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Norco 10/325mg #30 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is non-certified.