

<b>Case Number:</b>	CM14-0042202		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/30/2002
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 73-year-old female who has submitted a claim for upper back pain, low back pain, osteoporosis, and degenerative disc disorder of the lumbar spine associated with an industrial injury date of 12/30/2002. Medical records from 12/20/2011 to 07/07/2014 were reviewed and showed that the patient complained of middle back pain graded 2-8/10. The pain was aggravated with bending, twisting, and lifting. Physical examination revealed a slightly limp gait and tenderness of the paravertebral muscles from T8-S1. Decreased lumbar spine range of motion (ROM) was noted. The patient was able to reach over the shoulder behind the head and touch the superior medial angle of the opposite scapula. The patient was able to reach in front of the head and touch the opposite acromion. Treatment to date has included lumbar surgery and pain medications. A utilization review (UR) dated 03/18/2014 denied the request for a prescription of Ambien 10mg #30 because the guidelines do not recommend Ambien for long-term use. The UR also denied the request for a prescription of MS Contin 10mg/5ml solution because there was no documented change in pain and activity levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of 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), Insomnia Treatment.

**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, Ambien (Zolpidem tartrate).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states Ambien (Zolpidem) is a prescription, short-acting non-benzodiazepine hypnotic, which is approved for the short-term treatment (usually two to six weeks) of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. In this case, the patient was prescribed Ambien (samples) since 06/21/2012. The long-term use of Zolpidem is not in keeping with guideline recommendations. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for 1 prescription of Ambien 10mg #30 is not medically necessary.

**1 Prescription of MS Contin 10mg/5ml solution #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids and When to Continue Opioids.

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

**Decision rationale:** According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed MS Contin 15mg #30 every day at bed time since 03/19/2012. However, there was no documentation of significant analgesia or functional improvement, which are both important for determination of drug continuation. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for 1 prescription of MS Contin 10mg/5ml solution #120 is not medically necessary.