

<b>Case Number:</b>	CM14-0047494		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/23/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 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:

According to the records made available for review, this is a 31-year-old female with a 9/23/07 date of injury, and status post spinal cord stimulator 3/13. At the time (3/13/14) of request for authorization for Butrans patch 20 mcg #4 one patch weekly times 3 refills and Ambien CR 12.5 mg #30 1 has times 3 refills, there is documentation of subjective (doing well) and objective (much improved gait, guarded lumbar range of motion, tenderness to palpation at the lumbosacral junction) findings, current diagnoses (chronic lumbar strain, degenerative lumbar scoliosis, sacroiliac joint dysfunction, and insomnia), and treatment to date (physical therapy, and medications (including Ambien and Butrans (since at least June of 2013)). Regarding the requested Butrans patch 20 mcg #4 one patch weekly times 3 refills, there is no documentation of opiate addiction or chronic pain (after detoxification with a history of opiate addiction) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Butrans use to date. Regarding the requested Ambien CR 12.5 mg #30 1 hs times 3 refills, there is no documentation of an intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mcg #4 one patch weekly times 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, page(s) Page(s): 26-27.

**Decision rationale:** MThe California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar strain, degenerative lumbar scoliosis, and sacroiliac joint dysfunction. In addition, there is documentation of ongoing treatment with Butrans patch. However, there is no documentation of opiate addiction or chronic pain (after detoxification with a history of opiate addiction). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services because of Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans patch 20 mcg #4 one-patch weekly times three refills is not medically necessary.

**Ambien CR 12.5mg #30 1 hs times 3 refills:** 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).

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

**Decision rationale:** The MTUS does not address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar strain, degenerative lumbar scoliosis, and sacroiliac joint dysfunction. In addition, there is documentation of insomnia and ongoing. However, given documentation of records reflecting prescriptions for Ambien since at least June of 2013, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications because of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5mg #30 1 hs times 3 refills is not medically necessary.