

<b>Case Number:</b>	CM14-0053134		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 74-year-old female with a 6/14/01 date of injury. At the time (3/17/14) of the decision for Zolpidem 5mg. #30 QTY: 60 with 3 refills, Ibuprofen 800mg. QTY: 60 with 4 refills, and Morphine Sulfate Extend Release (ER) 30mg. QTY: 120, there is documentation of subjective (persistent severe back pain) and objective (muscle spasm and guarding over the lumbar spine) findings. The current diagnoses are lumbar spine stenosis and lumbar disc displacement. The treatment to date includes medications (including ongoing treatment with Ibuprofen, Morphine, and Zolpidem). Medical reports identify 50% gain in pain reduction as a result of medication use. Regarding Zolpidem 5mg. #30, there is no documentation of the intention to treat over a short course (less than two to six weeks) 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 Zolpidem use to date. Regarding Ibuprofen 800mg, 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 as a result of Ibuprofen use to date. Regarding Morphine Sulfate Extend Release (ER) 30mg, there is no documentation of acute pain; the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; 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 Morphine Sulfate use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5mg. #30 QTY: 60 with 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) Integrated Treatment/Disability Duration Guidelines, Stress and Mental Illness Chapter

**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; Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. 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. 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 lumbar spine stenosis and lumbar disc displacement. However, given documentation of ongoing treatment with Zolpidem, 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 as a result of Zolpidem use to date. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 5mg. #30 QTY: 60 with 3 refills is not medically necessary.

**Ibuprofen 800mg. QTY: 60 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 lumbar spine stenosis and lumbar disc displacement. However, given documentation of ongoing treatment with Ibuprofen and despite documentation of 50% gain in pain reduction as a result of

medication use, there is no (clear) 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 as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg QTY: 60 with 4 refills is not medically necessary.

**Morphine Sulfate Extend Release (ER) 30mg. QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, specific drug list; Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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. Official Disability Guidelines support Morphine Sulfate immediate release tablets for acute pain (moderate to severe). Within the medical information available for review, there is documentation of diagnoses of lumbar spine stenosis and lumbar disc displacement. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Morphine and despite documentation of 50% gain in pain reduction as a result of medication use, there is no (clear) 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 as a result of Morphine Sulfate use to date. Furthermore, despite documentation of persistent severe pain, there is no (clear) documentation of acute pain. Therefore, based on guidelines and a review of the evidence, the request for Morphine Sulfate Extend Release (ER) 30mg. QTY: 120 is not medically necessary.