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| <b>Case Number:</b>   | CM14-0053687 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 02/22/2012 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2014 |

### 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 Nevada. 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 51-year-old male who was reportedly injured on 2/22/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/27/2013, indicated that there were ongoing complaints of low back pain, left knee pain and left hip pain. The physical examination demonstrated lumbar pain with limited range of motion. Positive Lasegue test bilaterally. Reflexes of these are 2 different angles on the right is absent on the left is one. There is positive spasm of the paraspinal musculature. There is decreased sensation in the anterior/lateral aspect of the foot and ankle at L4-L5 and L5-S1 dermatomes bilaterally. Great toe dorsiflexion and great toe plantar flexion bilaterally. Left knee range of motion was 0-90. The positive medial joint line was with tenderness, with positive chondromalacia and positive McMurray's test. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request had been made for Norco 10/325 mg #120, Ambien 10mg #30, Xanax 0.5mg #60, Colace 100mg #60 and was not certified in the pre-authorization process on 3/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74-78 of 127 Page(s): 74-78 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

**Ambien 10 mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/2014).

**Decision rationale:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**Xanax 0.5 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation - Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines, page 24 of 127 Page(s): 24 OF 127.

**Decision rationale:** Xanax (alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Therefore, this request is deemed not medically necessary.

**Colace 100 mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation - Opioid-induced constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 77 of 127 Page(s): 77 OF 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over-the-counter product without a prescription. This request is not considered medically necessary.