

<b>Case Number:</b>	CM14-0182123		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Medicine and is licensed to practice in California and Texas. 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:

This is a 54 years old female patient who sustained an injury from 3/25/1990 to 9/29/2003. The current diagnoses include status post lumbar laminectomy syndrome, status post lumbar surgery and failed back syndrome. She sustained the injury due to repetitive work. She sustained the injury due to lifting heavy box on 9/29/2003. Per the doctor's note dated 10/28/14, she had complaints of low back pain with radiation to the right hip and leg with tingling, numbness and weakness. Physical examination of the lumbar spine revealed restricted range of motion, positive Straight leg raising and Lasague tests on the right side as well as tender lumbar paraspinal on the right side; decreased reflexes of the ankles, motor weakness with right knee extension, dorsiflexion on the right side, and over the extensor hallucis longus, as well as diminished sensation along the C5 and S1 dermatomes. The medication list includes norco, gabapentin, ambien, atorvastatin, benazepril HCL, calcium, ibuprofen and levothyroxine . She has undergone L5-S1 anterior fusion in 2007, L4-5 posterior fusion in 2/2012, left carpal tunnel release in 10/2002, left lateral epicondyle release in 2005 and gastric bypass in 2008. She has had lumbar MRI dated 9/16/2014 which revealed post surgical changes, posterior disc bulge at L3-4 with degenerative facet changes and mild disc space narrowing at L1-2, L2-3 and L3-4. She has had physical therapy, epidural injection, and aquatic therapy for this injury. She has had urine drug screen on 8/22/2014 which was positive for oxycodone, hydrocodone, norhydrocodone, oxycodone, noroxycodone, gabapentin and zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Chapter: Pain (updated 11/21/14); Opioids, criteria for use

**Decision rationale:** This is a request for Norco, which is an opioid analgesic. It contains acetaminophen and hydrocodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Per the records patient had pain at 7/10 with medications and at 9/10 without medications. The records provided does not provide a documentation of response in regards to significant pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120is not established for this patient.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 11/21/14); Zolpidem (Ambien®)

**Decision rationale:** Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other

non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 is not fully established for this patient at this time.