

<b>Case Number:</b>	CM14-0188723		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	08/09/2002
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 63 year old female with a date of injury 8/9/2002. Diagnoses included failed laminectomy and discectomy, lumbar radiculopathy and physiological narcotic intolerance. The IW underwent a lumbar hemilaminectomy and foraminotomy with an epidural hematoma, spinal fluid leak and foot drop complication in 2002. Subsequently, the IW had a lumbar decompression and fusion in 2006. Other past medical history included gastric bypass surgery for morbid obesity and diabetes mellitus. A progress note dated May 6, 2014 documents continued low back pain with radiation into the buttocks and legs. The IW reported difficulty adjusting her analgesic medication and stated difficulty with sleep secondary to pain. She was noted to use Percocet for pain, although this caused drowsiness. She was also using Ambien for sleep. Her physical examination was noted to be unchanged from previous visits, with limited voluntary movement but a grossly normal motor and sensory examination. Documentation supports prescriptions for Norco, Flexeril, Wellbutrin, Neurontin, Ambien, Paxil and Prilosec. An agreed medical examiner review dated September 5, 2014 reported ongoing symptoms. The IW was noted to be continued permanent and stationary. She remained on full disability. There was no documentation to support the frequency in which medications were taking, nor the change in symptoms related to medications. Additionally, the record did not include surveillance toxicology screens to support compliance. A UR decision dated 10/28/2014 non-certified a request for medications including Norco, Ambien, Valium and Cymbalta. Modifications to weaning doses for the same medications were certified. The review cited CA MTUS chronic pain guidelines in support of the decision.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #450, 3 month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-7.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use, and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**Ambien 10mg, #90, 3 month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns or reliance on this medication for sleep. Furthermore, the request does not include the frequency or dosing of medication. As such, the request is not medically necessary.

**Valium 10mg #180, 3 month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Valium is a benzodiazepine. The CA MTUS chronic pain guidelines do recommend its use for long term therapy. Guidelines limit the use of valium to 4 weeks. Documentation supports the IW has been on this medication for a period much greater than 4 weeks. Reviewed documentation does not include the IW pattern of use or effects of this medication. In addition, the request does not include dosing frequency. The request for valium is not medically necessary.

**Cymbalta 60mg #90, 3 month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Cymbalta is a selective serotonin reuptake inhibitory. According to the CA MTUS chronic pain guidelines, SSRIs are not recommended for treatment of chronic pain; however it may be useful in a secondary role to treat depression. Documentation does not support that the medication was being prescribed for the treatment of depression. Furthermore, the medication was prescribed by a chronic pain provider and not a mental health provider. The request does not include the frequency and dosing of this medication. The request is not medically necessary.