

<b>Case Number:</b>	CM14-0194851		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/21/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 & Rehabilitation, 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:

The injured worker is a 62-year-old male who reported an injury on 07/21/2010. The mechanism of injury was a fall. His relevant diagnoses included herniated nucleus pulposus at L5-S1 with radiculopathy and severe compression fracture at T12. His past treatments have included medications, a home exercise program, and work restrictions. Diagnostic studies were not included within the submitted documentation. His surgical history was not provided within the documentation. At an office visit on 10/16/2014, the injured worker complained of persistent low back pain exacerbated by prolonged standing/walking activities rated at a 5/10. Upon examination of the lumbar spine, tenderness was noted in the bilateral lumbar paraspinal muscles. Increased lower back pain was reported upon the extremes of flexion and extension. Upon range of motion, flexion was limited to 25 degrees, extension to 25 degrees, and lateral bending to 25 degrees bilaterally. His current medications include Norco and Ambien since at least 07/17/2014. The treatment plan included prescriptions for Norco 10/325 mg #100 no refills and Ambien 5 mg #30 with 3 refills; to continue medications as needed, a urine drug screen to be performed at the next visit to monitor medication compliance, continuation of the home exercise program, and a re-evaluation in 4 weeks. The rationale for the request was not provided in the submitted documentation. The Request for Authorization form dated 10/16/2014 was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 #100 is not medically necessary. The injured worker complained of persistent low back pain. His medications included Norco and Ambien. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. At an office visit on 10/16/2014, the injured worker rated his current pain on a VAS of 5/10. However, there was no information regarding average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. In the absence of this documentation, the ongoing use of Norco is not supported by the guidelines. Additionally, the request as submitted did not include a frequency of use. As such, the request is not medically necessary.

**Ambien 5mg 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, Zolpidem (Ambien)

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

**Decision rationale:** The request for Ambien 5mg with 3 refills is not medically necessary. The injured worker has persistent low back pain with exacerbations upon prolonged activity and difficulty with sleeping. The Official Disability Guidelines recommend the brand medication Ambien for short term (7-10 days) treatment of insomnia. The clinical documentation submitted provides evidence that the injured worker was taking Ambien on a regular and consistent basis since at least 07/17/2014 to help him sleep. Guidelines recommendations do not support extended treatment of insomnia past 10 days. Additionally, the request as submitted did not include a frequency of use. As such, the request for Ambien 5mg with 3 refills is not medically necessary.