

<b>Case Number:</b>	CM14-0195876		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/16/2005
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

On October 31, 2014 recommends noncertification of Ambien and oxycodone. A progress report dated February 15, 2013 indicates that the patient was taking Ambien and oxycodone at that time. A progress report dated September 17, 2014 identifies subjective complaints including trouble with sleep and unsatisfactory pain control. The provider counselled the patient regarding relapse of alcoholism when using over-the-counter products (NyQuil) that contain alcohol. The note states that she has previously been counseled about this. The patient states that she does not have any medication and is requesting a refill of oxycodone, Ritalin, Cymbalta, and Ambien. A urine drug test was performed and a patient activity report was pulled and showed Norco prescribed by a dentist. "The patient did not disclose this prescription." The note states that in the past, urine drug screens have tested positive for alcohol. Physical examination reveals depression and allodynia in the right lateral ankle. Diagnoses include neuropathic pain to the right lower extremity and left hip, history of alcoholism, medical comorbidities, and spinal cord stimulation change in pattern since a recent fall. The treatment plan recommends spinal cord stimulator reprogramming, urine drug test at each visit, start gralise, continue Ambien, referred to her primary physician for Ritalin, recommend no over-the-counter alcohol containing products, the patient signed a medication agreement, and follow-up in one month. A progress report dated June 16, 2014 recommends a refill of oxycodone, Ritalin, Ambien, and Cymbalta. A 90 day supply of oxycodone is prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #20:** 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)

**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, Sleep Medication

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

**Oxycodone 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for oxycodone (Roxicodone), California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. Additionally, the patient has a diagnosis of alcoholism and is not attending regular AA meetings, has tested positive for alcohol in urine drug test, has admitted to recently getting over-the-counter medication with alcohol in it despite previous warnings, and has been getting medication from a dentist without disclosing that information to the prescribing physician. These numerous red flags substantially increase the risks associated with prescribing opiate pain medication. Close oversight is even more essential in patients such as these. A 90 day prescription of oxycodone as described in the treating physician's note is not consistent with close oversight as recommended by guidelines. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no

provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.