

<b>Case Number:</b>	CM14-0196245		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/20/1981
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 New Jersey and New York. 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 74 year old male with a work related injury dated 02/20/1981. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a progress note dated 10/01/2014, the injured worker presented for the renewal of prescriptions. The physician noted that the injured worker had worsening neck pain but good sleep quality with Ambien. Diagnoses included cervicalgia, myofascial pain, and cervical spondylosis. Treatments have consisted of Transcutaneous Electrical Nerve Stimulation unit and medications. Diagnostic testing included negative urine drug testing and MRI which revealed multilevel cervical degenerative change with retrolisthesis at C3-4 and regions of foraminal encroachment component most evident at C3-4, C4-5 with osteophytic encroachment of right neural foramen. Work status is not noted in received medical records. On 11/04/2014, Utilization Review modified the request for 65 Norco 5-325mg (██████████) between 10/1/2014 and 01/28/2015 to 40 Norco 5-325mg (██████████) and non-certified the request for 28 Ambien 10mg 1 refill (██████████) between 10/1/2014 and 01/28/2015 citing California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review physician stated that the injured worker had utilized Norco since at least June 2011 without evidence of functional objective improvement and per the most recent evaluation, the pain is worsening. As such, continued use is not medically warranted, however due to the nature of opioid medication, a weaning process is necessary and therefore modified. Regarding the Ambien, there is no objective evidence supporting improved sleep from the use of this medication. Furthermore, the guidelines recommend this medication for the short term treatment of insomnia only because of its high risk for dependency and side effects. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**65 Norco 5-325mg [REDACTED] ) between 10/1/2014 and 1/28/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Weaning of Medications, and Hydroco.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates since 2011 without objective documentation of the improvement in pain or functional capacity. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning. There is a urine drugs screen from 5/2014 that was negative for hydrocodone but patient states he uses it as needed. There was no drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.

**28 Ambien 10mg 1 Refill [REDACTED] between 10/1/2014 and 1/28/2015: 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), Pain (Chronic), Ambien (Zolpidem)

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

**Decision rationale:** The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The patient did not have a sleep study as per the chart. There is no objective evidence supporting improved sleep with Ambien. The risk of long-term use of Ambien currently outweighs benefit and is considered medically unnecessary.