

<b>Case Number:</b>	CM14-0196707		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/23/2014
<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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 49-year-old woman with a date of injury of 11/28/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/22/2014, 10/02/2014, and 10/29/2014 indicated the worker was experiencing lower back pain and left foot pain and numbness. The worker's pain decreased with medication but remained severe. Documented examinations consistently described a painful walking pattern, tenderness in the lower back with spasm that went into the left buttocks, and positive testing involving raising a straightened left leg. The submitted and reviewed documentation concluded the worker was suffering from lytic spondylolisthesis, left L5 radiculopathy, and L5 stenosis. Treatment recommendations included oral pain medications, a left L5 foraminotomy, continued home exercise program as tolerated, and follow up care. A Utilization Review decision was rendered on 10/22/2014 recommending denial for sixty tablets of Lyrica (pregabalin) 50mg, 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg, and thirty tablets of Ambien-CR (Zolpidem-CR) 12.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain and left foot pain and numbness. The worker's pain reportedly decreased with medication but remained severe. There was no discussion detailing improved function or quality of life with this medication, an individualized risk assessment, or risk monitoring. In the absence of such evidence, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. Therefore the request is not medically necessary.

**Lyrica 50 #60:**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefits the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed records indicated the worker was experiencing lower back pain and left foot pain and numbness. The worker's pain reportedly decreased with medication but remained severe. There was no documentation suggesting the worker had any of the above conditions or detailing extenuating circumstances supporting the use of this medication. In the absence of such evidence, the current request for sixty tablets of Lyrica (pregabalin) 50mg is not medically necessary. Because the documentation reports a lack of benefit in the setting of potential risk, the worker should be able to complete a brief wean with the medication already available. Therefore the request is not medically necessary.

**Ambien CR 12.5 #30:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpiderm

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Ambien-CR (Zolpidem-CR) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Zolpidem-CR is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records indicated the worker was experiencing lower back pain and left foot pain and numbness. There was no documentation of sleep problems, an assessment that included any of the elements suggested by the literature and accepted guidelines, or an indication of failed behavioral interventions. In the absence of such evidence, the current request for thirty tablets of Ambien-CR (Zolpidem-CR) 12.5mg is not medically necessary.