

<b>Case Number:</b>	CM14-0196959		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	01/22/2015	<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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

This is a 61-year-old male with a work related injury dated August 24, 2001. The most recent documentation submitted is from September 15, 2014. The worker is complaining of right shoulder, neck, mid-back and low back pain. Pain is rated 8-9/10 without medications and 5/10 with medication. The physical exam reflects tenderness to palpation with muscle spasm in the cervical, thoracic and lumbar paraspinals. Range of motion of the left ankle is limited with tenderness to palpation of the lateral ankle. Lumbar range of motion is restricted to forward flexion of 10 degrees, extension 5 degrees, and left and right lateral side bending 5 degrees. Diagnosis included cervical and lumbar musculoligamentous injury, impingement syndrome, cervical spondylosis, status post right shoulder repair, lumbar spinal stenosis, central hormone deficiency, possible gastrointestinal bleed, peripheral vascular disease, cervical intervertebral disc disorder, lumbar degenerative disc disorder, disc protrusions at the L2-3, L3-4 and L4-5, weight gain and right shoulder degenerative joint disease. Reports 6/23/14 and 5/5/14 states that the patient continues with low back and neck pain. Pain is rated as 9/10 without medications and 5/10 with medications. The patient is morbid obese and would like to try a weight loss program. Treatment was for refill of medications. The patient is permanent and stationary. Treatment plan at this visit included a weight loss consultation, a hold on Norco, weaning of Ambien and a pain management consultation to manage pain medications. The utilization review decision dated November 4, 2014 non-certified the request for medications. The documentation submitted for review was from May 2014 through September 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for NORCO 10/325MG #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed Norco since at least 5/5/14. Progress reports provide before and after pain scales to show a decrease in pain with medication, but there is no discussion regarding specific functional improvement or changes in ADLs. The documentation submitted did not contain a current urine drug screen, risk assessment profile, attempt at weaning/tapering and updated signed pain contract as required for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness & Stress chapter, Insomnia treatment.

**Decision rationale:** The MTUS and ACOEM Guidelines do not address Ambien (Zolpidem); however, ODG Guidelines states that Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset, 7 to 10 days. Review of the medical file indicates the patient has been prescribed this medication since at least 5/5/14. Based on ODG, this medication is only recommended for short term use for the treatment of insomnia. The requested Zolpidem is not medically necessary.

**Ultracet 37.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Ultracet 37.5-325MG #60. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed Ultracet concurrently with Norco since at least 5/5/14. Progress reports provide before and after pain scales to show a decrease in pain with medication, but there is no discussion regarding specific functional improvement or changes in ADLs. The documentation submitted did not contain a current urine drug screen, risk assessment profile, attempt at weaning/tapering and updated signed pain contract as required for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Ultracet is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines.