

<b>Case Number:</b>	CM14-0203665		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### **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 Practice and is licensed to practice in Florida. 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 patient is a 53-year-old male with a date of injury of 11/11/2008. He has the following diagnoses: lumbago, lumbar degenerative disk disease, lumbar facet arthropathy, and lumbar radiculitis. Prior treatment has included spinal cord stimulator, therapy, radiofrequency ablation, and medications that include heavy use of narcotics. He has also had left shoulder surgery on 9/24/2014. Per a 5/27/2014 progress note the patient stated at that time that he "can not work." A 7/10/2014 progress note mentioned the following physical exam findings: ambulates slowly with a steady gait without the use of devices, decreases ROM of back, positive surgical scars, facet loading test negative. Extremities exam with decreased range of motion in the left shoulder and positive guarding. A utilization review physician did not certify a request for continuation of the following medications: Oxycontin ER, Norco, and Ambien. Therefore, an independent medical review was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin ER 12 hour AD 20mg, 1 BID, 30 days, QTY: 60:** Upheld

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

Guidelines Opioids, Long-acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

**Decision rationale:** In accordance with the California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." The MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, this patient's total dose of oral morphine equivalents surpasses the recommended 120 mg's per day when both his Oxycontin ER prescription and his Norco prescription are added together. Therefore, this request is not considered medically necessary.

**Ambien CR ER 12.5mg 1 QHS, 30 days, QTY: 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia

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

**Decision rationale:** The California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODCG states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.

**Norco 10/325mg 1-2 tablets, every 4 hours, as needed, QTY: 300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Short-acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, this patient's total dose of oral morphine equivalents surpasses the recommended 120 mg's per day when both his Oxycontin ER prescription and his

Norco prescription are added together. Therefore, this request is not considered medically necessary.