

<b>Case Number:</b>	CM14-0206176		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/11/2002
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehabilitation 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:

The patient is a 62 year old female with date of injury 06/11/02. The treating physician report dated 08/07/14 indicates that the patient presents with pain affecting her lower back which radiates into the bilateral extremities. (5) The patient rates their pain as 6/10 with medications and 8/10 without medications. The physical examination findings reveal spasm at L4-S1, tenderness upon palpation, at L4-S1, limited range of motion in lumbar spine, facet signs were present in the lumbar spine, and negative Straight Leg Test. Prior treatment history includes medial branch nerve injection at L4-5 & L5-S1 and medications. MRI findings reveal evidence of lumbar degenerative changes including facet hypertrophy. The current diagnoses are: 1. Chronic Pain Syndrome 2. Lumbar Facet Arthropathy 3. Lumbar Radiculopathy 4. Vitamin D Deficiency . The utilization review report dated 11/26/14 denied the request for Ambien CR 12.5 #30, Zolpidem 10mg #30, Tramadol ER #150, Vitamin D 2000units #100, Norco 7.5.325#60, and Ketoprofen 75mg #30 based on lack of guideline support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness Chapter, Ambein (zolpidem tartrate)

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

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Ambien CR 12.5 #30. The treating physician states in their 10/16/14 report that the patient reported activities of daily living limitation which included sleep. (38) MTUS guidelines do not address Ambien. The ODG guidelines state, "recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." In this case, the treating physician has been prescribing this medication since at least October 2014 which would exceed the recommended timeline of 7-10 days. Recommendation is for denial.

**Zolpidem 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stress & Mental Illness Chapter.

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

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Zolpidem 10mg #30. The treating physician states in their 10/16/14 report that the patient reported activities of daily living limitation which included sleep. (38) MTUS guidelines do not address Zolpidem. The ODG guidelines state, "A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued." In this case, the treating physician the treating physician has prescribed the patient the brand name Ambien and generic Zolpidem, which would make this a duplicate request. The patient has been using this medication since at least October 2014 which would exceed the recommended ODG timeline of 7-10 days. The current request is not medically necessary and the recommendation if for denial.

**Tramadol ER #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-94.

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Tramadol ER #150. The treating physician states, "The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects." The patient is noted to have a pain reduction to 6/10 and was not noted to have any aberrant behavior with the use of this medication. (40) The MTUS guidelines require that for opioid use the treating physician must document the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as pain assessment. In this case, the treating physician has documented all 4As and has stated, "The patient is monitored by periodic urinary drug testing and CURES reporting. " (40) Recommendation is for authorization.

**Vitamin D 2000units #100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chaper, Vitamin D (cholacalciterol)

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

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Vitamin D 2000units #100. The treating physician states, "Vitamin D supplementation has been provided for this patient based on the findings of insufficient serum 25 (OH) D levels of less than 30 ng/ml." (16) MTUS guidelines do not address Vitamin D. The ODG guidelines state, "Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level." In this case, the treating physician has documented that the patient had tenderness to palpation and has low Vitamin D levels. Recommendation is for authorization.

**Norco 7.5.325#60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 75-91.

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Norco 7.5.325#60. The treating physician states that the patient has reduced pain while on medication, has not had any side effects, aberrant behavior and "The patient has signed and complied with an opioid Pain Treatment Agreement (MTUS page 89). The patient has not exhibited any "red flags" of potential abuse. The opiate medication has been effective in maintenance of function." (139) The MTUS guidelines 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 aberrant behavior), as well as "pain assessment." In this case, the treating physician has documented all 4As and had complied with the MTUS guidelines and recommendations. Recommendation is for authorization.

**Ketoprofen 75mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Page(s): 22, 70-72.

**Decision rationale:** The patient presents with pain affecting her lower back which radiates into the bilateral extremities. The current request is for Ketoprofen 75mg #30. The treating physician states that the patient reports functional improvement and quality of life since the use of NSAID. (137) The MTUS guidelines state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the treating physician has documented that the patient has had improvement since taking this medication. Recommendation is for authorization.