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| <b>Case Number:</b>   | CM14-0218484 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 03/07/2011 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 29 year old male, who sustained an industrial injury on March 7, 2011. He has reported back pain. The diagnoses have included lumbar sprain. Currently, the IW complains of anxiety, difficulty sleeping, low back pain, and leg discomfort and foot pain. Treatment includes removal of foot lesion, magnetic resonance imaging (MRI), sleep study, support hose, and oral medication. On December 8, 2014 utilization review non-certified a request for Ambien 10mg #60 and Norco 5/325mg 2Xday #90. The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated December 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #60:** 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), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien FDA approved package insert

**Decision rationale:** The patient is a 29 year old male with a back injury on 03/07/2011. According to the FDA approved package insert Ambien is approved to treat prolonged sleep latency for up to 35 days. It is not for long term treatment and the request is for 60 tablets - 60 days of treatment. The requested Ambien 10 mg #60 is not consistent with FDA approved indications and is experimental and investigative treatment. It is not medically necessary for this patient.

**Norco 5/325mg 2x/day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

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

**Decision rationale:** The patient is a 29 year old male with a back injury on 03/07/2011. For long term opiate management, MTUS notes that there must be monitoring of analgesia efficacy, improved functionality of ability to do activities of daily living or work, monitoring of adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet is not consistent with MTUS guidelines and continued long term Norco is not medically necessary for this patient.