

<b>Case Number:</b>	CM15-0104857		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/27/2007
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Iowa, Illinois, Hawaii Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 47 year old male, who sustained an industrial injury on 6/27/07. He has reported initial complaints of low back pain. The diagnoses have included chronic pain syndrome, pain in the joint of forearm, sprains/strains of knee and leg, enthesopathy of the knee and lumbar disc displacement without myelopathy. Treatment to date has included medications, epidural steroid injection (ESI), physical therapy, cortisone injections to bilateral knees, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP) and heat therapy. Currently, as per the physician progress note dated 5/15/15, the injured worker complains of continued pain in the low back and bilateral knees that radiates to the bilateral lower extremities. The low back pain is described as burning and tingling and aggravated by activity. In regards to the knee, he has difficulty with stairs and uses a cane. There have been no changes in his condition. He reports difficulty sleeping and is able to sleep longer with use of Ambien. He reports the pain is rated 3/10 on pain scale with medications and the medications improve the pain and his function. He is working part time. The physical exam reveals antalgic gait, mild pain, and right shoulder movements are painful and lift off test is positive. There is tenderness and pain over the forearm, lateral epicondyle and wrist on the right. The cervical spine has restricted range of motion with spasm and tenderness bilaterally and Spurling's maneuver causes pain in the neck. The lumbar spine has restricted range of motion, tenderness and tight muscle band is noted bilaterally, straight leg raise and Faber test is positive and there is right sciatic notch tenderness. The current pain medications included Ambien, Methadone, and Norco. The urine drug screen dated 12/1/10 was consistent with the medications prescribed. The physician noted that he is working on tapering and weaning his medications. The physician requested treatments included Norco 10/325mg #35 and Ambien 10mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #35:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #35 is not medically necessary.

**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, Zolpidem (Ambien).

**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, insomnia treatment.

**Decision rationale:** The CA MTUS is silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication in excess of guideline recommendations. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the

clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg #30 is not medically necessary at this time.