

<b>Case Number:</b>	CM15-0134092		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old female who sustained an industrial injury on January 25, 2013. She has reported low back pain with right lower extremity symptoms and has been diagnosed with status post lumbar decompression. Treatment has included medications, surgery, activity modifications, stretching, heat, physical therapy, and home exercises. There were no signs of infection of the lumbar spine. Incision was well healed. Lumbar range of motion showed flexion at 40 degrees, extension at 35 degrees, left and right lateral tilt at 40 degrees, and left and right rotation at 35 degrees. The treatment request included Ambien and hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien (Zolpidem) 10 mg Qty 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: 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in January 2013 and underwent a lumbar decompression in March 2015. When seen, she was having low back pain with right lower extremity symptoms. Pain was rated at 9/10. Medications are referenced as decreasing pain by 4-5 points with improved range of motion and exercise tolerance. She was taking hydrocodone 2-3 times per day for breakthrough pain. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle spasms. Ambien was being prescribed on a long-term basis. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.

**Hydrocodone/APAP (acetaminophen) [Norco] 10/325 mg Qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in January 2013 and underwent a lumbar decompression in March 2015. When seen, she was having low back pain with right lower extremity symptoms. Pain was rated at 9/10. Medications are referenced as decreasing pain by 4-5 points with improved range of motion and exercise tolerance. She was taking hydrocodone 2-3 times per day for breakthrough pain. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle spasms. Extended release tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved exercise tolerance. The claimant had undergone lumbar spine surgery three months before. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.