

<b>Case Number:</b>	CM15-0140865		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/28/1998
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male with an industrial injury dated 01-28-1998. The injured worker's diagnoses include chronic pain syndrome, degenerative disc disease, chronic low back pain, and rule out failed back surgery, depression, anxiety, chronic insomnia and non-Hodgkin's lymphoma. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker reported pain in the bilateral legs, bilateral low back and groin. The injured worker rated average pain with medications 2 out of 10 and average pain without medications a 7 out of 10. Objective findings revealed no evidence of over medication, sedation or withdrawal symptoms and no assistive device with ambulation. The treatment plan consisted of medication management, physical therapy, diagnostic studies and follow up visit. The treating physician prescribed Ambien 10mg #20, Norco 10/325mg #120 and MS Contin 100mg #90, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #20:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines pain chapter and insomnia Page(s): 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. There was no mention of failure of behavioral intervention. Continued use of Zolpidem (Ambien) is not medically necessary.

**Norco 10/325g #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. IT was used in combination with exceedingly high dose of MS Contin. The continued use of Norco is not medically necessary.

**MS Contin 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, opioids are not recommended for mechanical or compressive etiologies. They are not recommended long-term or 1st line for back pain. Doses should not exceed 120 mg of Morphine equivalent daily. In this case, the claimant

was on over 2 times the recommended daily dose in combination with Norco. The claimant was on a lower dosage of MS Contin than 6 months ago; however, there was no mention of a weaning protocol. Continued and chronic high dose use of MS Contin is not medically necessary.