

<b>Case Number:</b>	CM15-0145422		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/04/1997
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 53 year old male, who sustained an industrial injury on April 4, 1997. Treatment to date has included diagnostic imaging, lumbar laminectomy, cervical epidural steroid injection, EMG-NCV, opioid medications, topical pain medication, and physical therapy. Currently, the injured worker complains of continued low back pain and reports that he is doing well on his current medication regimen. His current medications include MS Contin, Percocet, Neurontin, Ambien, and Lexapro. On physical examination the injured worker has ongoing tenderness to palpation over the lumbar paraspinal muscles. The diagnoses associated with the request include chronic low back pain, post-laminectomy syndrome and status post cervical fusion. The treatment plan includes continued Percocet, MS Contin, Neurontin, Ambien and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS (morphine sulfate) Contin 60 mg Qty 120, 4 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

**Decision rationale:** The claimant has a remote history of a work-related injury in April 1997 and is being treated for chronic low back pain. He has a pre-injury history of a lumbar laminectomy and had a cervical spine decompression and fusion and right shoulder surgery after his injury. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living and ability to perform avocation activities such as woodworking. When seen, he was ambulating with a cane. Medications prescribed included MS Contin and Percocet at a total MED (morphine equivalent dose) of 360 mg per day. Side effects include opioid induced hypogonadism. Ambien CR is being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is three times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

**Percocet 10/325 mg Qty 240, 8 per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

**Decision rationale:** The claimant has a remote history of a work-related injury in April 1997 and is being treated for chronic low back pain. He has a pre-injury history of a lumbar laminectomy and had a cervical spine decompression and fusion and right shoulder surgery after his injury. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living and ability to perform avocation activities such as woodworking. When seen, he was ambulating with a cane. Medications prescribed included MS Contin and Percocet at a total MED (morphine equivalent dose) of 360 mg per day. Side effects include opioid induced hypogonadism. Ambien CR is being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is three times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

**Ambien CR (controlled release) 12.5 mg Qty 30, 1 at bedtime: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Zolpidem (Ambien, Ambien CR) Page(s): 1, 48.

**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 has a remote history of a work-related injury in April 1997 and is being treated for chronic low back pain. He has a pre-injury history of a lumbar laminectomy and had a cervical spine decompression and fusion and right shoulder surgery after his injury. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved activities of daily living and ability to perform avocation activities such as woodworking. When seen, he was ambulating with a cane. Medications prescribed included MS Contin and Percocet at a total MED (morphine equivalent dose) of 360 mg per day. Side effects include opioid induced hypogonadism. Ambien CR is 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.