

<b>Case Number:</b>	CM15-0181824		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 58 year old male, who sustained an industrial injury on 12-12-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, lumbar disc degeneration, chronic pain, failed lumbar back surgery, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post lumbar fusion, GERD, Insomnia, and medication related dyspepsia. On June 8, 2015, the injured worker reported neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, abdominal pain, stomach pain, insomnia, and difficulty swallowing over the previous 8 months with GERD related medication associated gastrointestinal (GI) upset. The most recent Treating Physician's report submitted for review dated June 8, 2015, noted the injured worker rated his pain as 6 out of 10 on average with medications since the previous visit and 9 out of 10 on average without medications since the previous visit, with the pain reported as worsened since the previous visit. The injured worker was noted to report ongoing activities of daily living (ADLs) limitations in the areas of self-care, hygiene, activity, ambulation, hand function, sleep, and sex due to pain. The injured worker reported use of opioid pain medication helpful with pain relief in 20 minutes, lasting 5 hours, and 60% improvement with the least reported pain since the last assessment 7 on a scale of 1 to 10, with reported decrease pain and increased level of function including ability to attend church, bathing, brushing teeth, doing hobbies, doing laundry, shopping, sitting, walking in neighborhood, and improved quality of life. The injured worker was noted to be taking Soma for cramping pain and Depakote per the psychiatrist. The cervical spine was noted to have spasms bilaterally in the

paraspinous muscles, tenderness noted in the cervical vertebral spine, tenderness to palpation of the trapezius muscles, and range of motion (ROM) moderately limited due to pain. The lumbar spine was noted to have tenderness to palpation in the spinal vertebral area at L4-S1 levels and limited range of motion (ROM) secondary to pain. Tenderness was noted on palpation at the right foot. Prior treatments have included cervical epidural steroid injection (ESI) on February 20, 2015, with noted positive response of greater than 80% overall improvement, and medications including Nortriptyline, Naprosyn, and Neurontin with development of opiate tolerance noted due to long term opiate use. The injured worker was noted to currently not be working. The treatment plan was noted to include a request for cervical epidural steroid injection (ESI), a urine drug screen (UDS), and renewal of current medications including Ambien, noted to have been prescribed since at least 12-9-2013, Lyrica, noted to have been prescribed since at least 12-9-2013, Norco, prescribed since at least February 16, 2015, Flexeril, Naproxen, and Prilosec. The request for authorization dated 8-17-2015, requested Zolpidem Tartrate 10mg #60, Lyrica 50mg #60 with 1 refill, and Norco 10/325mg #75 with 1 refill. The Utilization Review (UR) dated 8-24-2015, denied the requests for Zolpidem Tartrate 10mg #60, Lyrica 50mg #60 with 1 refill, and Norco 10/325mg #75 with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem Tartrate 10mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 injury occurring in December 2002 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, he was having radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 6/10 and as resulting in improvements in activities such as exercising, activities of daily living, and with improved quality of life. Physical examination findings included appearing in moderate distress. There was cervical and lumbar tenderness with decreased range of motion. There were cervical paraspinal muscle spasms. There was trapezius muscle tenderness. He had decreased upper extremity strength and sensation. There was right foot tenderness. His body mass index is over 31. Norco, Lyrica, and Ambien are being prescribed. 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. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not considered medically necessary.

**Lyrica 50mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, he was having radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 6/10 and as resulting in improvements in activities such as exercising, activities of daily living, and with improved quality of life. Physical examination findings included appearing in moderate distress. There was cervical and lumbar tenderness with decreased range of motion. There were cervical paraspinal muscle spasms. There was trapezius muscle tenderness. He had decreased upper extremity strength and sensation. There was right foot tenderness. His body mass index is over 31. Norco, Lyrica, and Ambien are being prescribed. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the claimant has neuropathic pain and medications are providing pain control with improved function and quality of life. The requested dosing is consistent with guideline recommendations and is considered medically necessary.

**Norco 10/325mg #75 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. When seen, he was having radiating neck and radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 6/10 and as resulting in improvements in activities such as exercising, activities of daily living, and with improved quality of life. Physical examination findings included appearing in moderate distress. There was cervical and lumbar

tenderness with decreased range of motion. There were cervical paraspinal muscle spasms. There was trapezius muscle tenderness. He had decreased upper extremity strength and sensation. There was right foot tenderness. His body mass index is over 31. Norco, Lyrica, and Ambien are being prescribed. 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 what is considered a clinically significant decrease in pain with improved activities of daily living and activity tolerance and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.