

Case Number:	CM15-0182783		
Date Assigned:	09/23/2015	Date of Injury:	12/04/1999
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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 48 year old male who sustained an industrial injury on December 04 1999. A recent primary follow up dated July 02, 2015 reported the worker is need of medication refill and presented with "back pain" described as "aching, chronic, constant, throbbing, worsening, radiating and squeezing." In addition, he presents with "neck pain. Current medications consisted of Aspirin: although, the worker was also noted with allergy to Aspirin. Objective assessment noted head and neck: "taut bands, tender lower cervical paraspinal region, and full flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Left lower extremity noted "tender at ankle" and "painful range of motion." The following diagnoses were applied to this visit: lumbar radiculitis; failed back syndrome, lumbar; anxiety and depression; cervical disc displacement; foot fracture, left; opioid dependence and insomnia. The following were prescribed this visit: Ambien, Avinza, Cymbalta, Norco (breakthrough pain), and Prilosec. A pain management follow up dated October 14, 2009 reported current subjective complaint of pain rated "a 6 in intensity out of 10 with medications and a 10 in intensity without medications." He describes the pain as burning, shooting, sharp, dull, aching pain, as well as intermittent weakness in the legs. He does report his pain is constant radiating down the right lower extremity into the foot with numbness and tingling in the left lower extremity to the foot. Current medications consisted of: Avinza, Vicodin, Trazadone, Methocarbamol, Diazepam, and Cialis. On August 12, 2015 a request was made for the following services: Ambien, and Norco which were non-certified due to: guidelines with recommendation for short term use of sleep aid such as 7-10 days and regarding Norco the

guidelines recommend Opioids used for neuropathic pain that has not responded to a first line of treatment along with required documentation involving functional improvement, decreased pain; used from moderate to severe pain. The worker has been on these medications long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien 10mg, #60 (DOS 8/12/2014): 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), Pain Chapter: Zolpidem (Ambien) (2015).

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 1999 and continues to be treated for chronic pain. In October 2019 medications are referenced as decreasing pain from 10/10 to 6/10. In July 2015 medications were decreasing pain from 10/10 to 9/10. The total MED (morphine equivalent dose) was over 200 mg per day. When seen in August 2015 he was having worsening low back pain and ongoing neck pain. He was having radiating symptoms into the arms and legs. Medications were now not decreasing pain which was rated at 10/10. Physical examination findings included a body mass index of over 37. There was decreased cervical spine range of motion with lower cervical paraspinal tenderness and taut muscle bands. There was left ankle tenderness and pain with range of motion. There was an ataxic gait. Medications were prescribed including Kadian and Norco. The total MED was 90 mg per day. 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.

Retrospective Norco 10/325mg, #360 (DOS 8/12/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use, 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.

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