

<b>Case Number:</b>	CM15-0187420		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 60 year old female, who sustained an industrial injury on 2-19-10. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and displacement of the lumbar intervertebral disc without myelopathy. Treatment to date has included a functional restoration program, physical therapy, acupuncture, and medication including Norco, Omeprazole, and Ambien. On 8-18-15 physical examination findings included limited lumbar spine rotation with tenderness to palpation over the lumbar paraspinal muscles with spasms. Sciatic notch tenderness was noted with positive lumbar facet loading bilaterally. On 8-18-15 the treating physician noted "with regard to functional limitations, the patient struggles with getting dressed, grocery shopping, and driving. She has difficulties sleeping." A straight leg raise test was positive on the left. On 7-14-15 and 8-18-15 pain was rated as 7 of 10. The injured worker had been taking Norco and Ambien since at least June 2015. On 8-18-15, the injured worker complained of pain in the back with radiation to the left leg. 8-4-15 the treating physician requested authorization for Norco 10-325mg #90 and Ambien 10mg #30. On 8-27-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** 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 for chronic pain, Opioids for neuropathic pain.

**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 several months but pain score reduction with use of medication was not provided. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Ambien 10 mg #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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, 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 etiology of sleep disturbance was not defined or further evaluated. The claimant had chronic pain and was to see a psychiatrist for depression. This likely contributed to the sleep problem rather than a primary sleep disorder. The claimant was on Ambien for over a month. Continued use of Zolpidem (Ambien) is not medically necessary.