

<b>Case Number:</b>	CM15-0195365		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 with an industrial injury dated 12-06-2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar spondylosis, lumbar post laminectomy syndrome, lumbosacral radiculitis and sacroiliac (SI) pain. Medical records (08-13-2015 to 09-24-2015) indicate the chief complaints of chronic pain syndrome, lumbosacral radiculitis and lumbar post laminectomy syndrome. The injured worker reported some benefit from Levorphanol and Cymbalta without significant side effects. However, the injured worker continues to have some pain. Pain level score was not included in reports. Medications: Ambien, Celebrex, Cymbalta, Levorphanol Tartrate, and Zolpidem. Review of systems indicates muscle aches in the mid and low back, arthralgias, joint pain, back pain and sleep disturbances. Objective findings (08-13-2015 to 09-24-2015) revealed no acute distress with normal mood and affect. Treatment has included laboratory studies, prescribed medications, spinal cord stimulator with some benefit and periodic follow up visits. The treating physician reported that the injured worker is stable on medications although continues to have pain and suboptimal pain relief with current treatment. The treatment plan included medication management, continue exercise and activity as tolerated, and follow up visit. Medical records indicate that the injured worker has been on Levorphanol tartrate since at least August of 2014. A review of medical documentation indicates pain medication use without significant evidence of functional improvement or significant decrease in pain. The treating physician prescribed Levorphanol tartrate 2mg, #120 with no refills and Ambien 5mg, #40 with no refills. The utilization review dated 10-01-2015, non-certified the request for Levorphanol tartrate 2mg, #120 with no refills and Ambien 5mg, #40 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Levorphanol tartrate 2mg, #120 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Levorphanol is not necessary.

**Ambien 5mg, #40 with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: treatment of insomnia and drug information Zolpidem.

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia that has difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. Therefore this request is not medically necessary.