

<b>Case Number:</b>	CM15-0200336		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: 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:

This injured worker is a 60 year old female, who sustained an industrial injury on 02-19-2010. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and displacement of lumbar intervertebral disc without myelopathy. On medical records dated 07-14-2015 and 08-18-2015 the subjective complaints were noted as back and leg pain. Pain was noted as a 7, but can be a 5 at its best and an 8 at its worst. Average pain with medication was noted as 6. The injured worker was noted to have difficulty getting dressed and grocery shopping driving and was also noted to have difficulties sleeping. Objective findings were noted as lumbar spine with limited rotation. Tenderness to palpation over the lumbar paraspinal muscle consistent with spasms was noted. Sciatic notch tenderness was noted. Positive lumbar facet loading maneuver bilaterally. Positive straight leg raise test was noted as well. Treatments to date included physical therapy, acupuncture, medication and functional restoration program. Current medications were listed as Norco (since at least 11-2013) Omeprazole and Ambien (since at least 01-2014). The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was dated 08-04-2015. The UR submitted for this medical review indicated that the request for Norco 10-325mg #30 and Ambien 10mg #30 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 30.00: Upheld**

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

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

**Decision rationale:** The MTUS guidelines note that opioids may be supported for chronic pain if certain criteria is met. The medical records note that the injured worker is obtaining benefit with the current opioid medication regimen without adverse effects or behavior. During a peer discussion at the time of the prior Utilization Review, the provider noted that the request for Norco was a duplicate to the request of hydrocodone/apap. The injured worker was deemed an appropriate candidate for hydrocodone/apap and the request for Norco was redundant. Give that hydrocodone/apap has been certified, the request for Norco 10/325mg Qty: 30.00 is not medically necessary and appropriate.

**Ambien 10mg Qty: 30.00: 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 (Chronic) - Zolpidem (Ambien).

**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/Ambien.

**Decision rationale:** According to ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The request for Ambien 10mg Qty: 30.00 is not medically necessary and appropriate.