

<b>Case Number:</b>	CM15-0203032		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/14/2002
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California

Certification(s)/Specialty: Emergency 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 67 year old male, who sustained an industrial injury on May 14, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical facetal pain, cervical degenerative disc disease and chronic headache due to neck pain. Treatment to date has included diagnostic studies, physical therapy, H-wave, injections, medication and home exercises. On February 13, 2013, notes stated that he had received a series of injections, either epidural or facet joint, that provided "some brief relief." Physical therapy and H-wave were reported to be "more bothersome than helpful." On August 28, 2015, the injured worker complained of persistent neck pain rated as a 7 on a 1-10 pain scale. His neck pain is associated with frequent headaches on the right side. He reported trying to wean from hydrocodone, although he has to take half tablets every two to three hours and it takes him about two hours to feel better. He reported being in a constant withdrawal state. The injured worker reported using zolpidem on an as needed basis only for sleep difficulty. The treatment plan included Norco, request for detox program for opioid dependence and withdrawal symptoms, weaning of his opioid medications and a follow-up visit. On September 11, 2015, utilization review modified a request for Norco 10-325mg to Norco 10-325mg #72. A request for Zolpidem 5mg #20 was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Upheld

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

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation has never shown any benefit from persistent norco use. There is documentation of current attempt at weaning. Weaning should be continued. However, the numbers of tablets are not consistent with an appropriate weaning plan. Therefore, the request is not medically necessary.

**Zolpidem 5mg, #20:** 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) Mental Illness & Stress: Insomnia treatment (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 (Chronic), Insomnia Treatment).

**Decision rationale:** There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Patient has dependency on opioids already and dependency on benzodiazepine agonist will not be appropriate. Ambien is not medically appropriate and is not medically necessary.