

<b>Case Number:</b>	CM15-0203279		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/13/1994
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/18/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 13, 1994. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Norco and Ambien. The claims administrator referenced an RFA form received on September 14, 2015 and an associated office visit of September 10, 2015 in its determination. The applicant's attorney subsequently appealed. On October 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs. The applicant was using three tablets of Vicodin daily, the treating provider reported. The applicant had undergone a total hip replacement, the treating provider also reported. The applicant was apparently using Ambien to ameliorate issues with sleep secondary to his chronic pain complaints. Norco, Ambien, and topical Voltaren were seemingly renewed. The attending provider noted that the applicant was using a cane to move about. The attending provider noted that the applicant exhibited a visibly antalgic gait. The applicant had undergone earlier lumbar laminectomy surgery, the treating provider reported. The attending provider contended that the applicant would be unable to perform activities as basic as self grooming and/or cooking without his medications. The attending provider used the terms Norco and Vicodin interchangeably, it was incidentally noted. It was not explicitly stated whether the applicant was or was not working, although this did not appear to be the case. On September 10, 2015, the applicant was again described as using a cane to move about. The attending provider again contended that the applicant would be unable to perform self-grooming and/or cooking without his medications. Norco, Ambien, and Voltaren gel were all endorsed. Once again, the applicant's work status was not explicitly reported, although it did not appear that the applicant was working.

## 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, Opioids, specific drug list.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of October 8, 2015 or September 10, 2015, suggesting that applicant was not, in fact, working. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on the date(s) in question. The attending provider's commentary to the effect that the applicant would be unable to perform grooming without his medications did not constitute evidence of a substantive benefit derived as a result of ongoing usage. Therefore, the request was not medically necessary.

**Ambien 10mg #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), Mental Illness & Stress, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

**Decision rationale:** Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well-informed regarding the usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for an additional 30 tablets of Ambien was at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.