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| <b>Case Number:</b>   | CM15-0209504 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 02/07/2003 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 09/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2015 |

### 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: 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 58 year old male with an industrial injury date of 02-07-2003. Medical record review indicates he is being treated for left knee pain status post-surgery, right shoulder strain with impingement, lumbar strain with left lumbar radiculopathy, right ankle fracture status post-surgery, secondary depression and insomnia, left lower rib fractures, left shoulder strain and right leg swelling. Subjective complaints (09-15-2015) included bilateral knee pain, right ankle pain, right shoulder pain, low back pain and left shoulder pain. "The patient has difficulty with his activities of daily living, such as sitting, standing, walking, kneeling, showering, dressing etc." Medications included Norco (at least since 01-17-2010), Soma at least since 01-12- 2006), Paxil, Ambien (at least since 12-12-2007) and Viagra. Objective findings included "mostly normal' gait without the use of assistive device. There was decreased range of motion of the right shoulder with pain. There was slight tenderness and spasm of the paralumbar muscles, left greater than right. Prior medications included Vicodin, Ibuprofen, Celebrex, Darvocet, Percocet, Naproxen, and Nortriptyline. Prior treatments included physical therapy, medications and surgery. The treating physician indicated the injured worker's pain level with opioids is 6 out of 10 and without opioids pain level would be 9-10 out of 10. "Opioids help him with activities of daily living and there are no significant adverse side effects and no aberrant behavior. "The patient does admit to using marijuana at night to sleep." "The patient does not take any illicit drugs and urine toxicology screen will be periodically obtained." On 09-24-2015 the request for Ambien 10 mg # 30 and Soma # 120 was non-certified by utilization review. The request for Norco 10-325 mg # 150 was modified to Norco 10-325 mg # 113.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Zolpidem.

**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), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Ambien 10 mg #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has bilateral knee pain, right ankle pain, right shoulder pain, low back pain and left shoulder pain. "The patient has difficulty with his activities of daily living, such as sitting, standing, walking, kneeling, showering, dressing etc." Medications included Norco (at least since 01-17-2010), Soma at least since 01-12-2006), Paxil, Ambien (at least since 12-12-2007) and Viagra. Objective findings included "mostly normal" gait without the use of assistive device. There was decreased range of motion of the right shoulder with pain. There was slight tenderness and spasm of the paralumbar muscles, left greater than right. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10 mg #30 is not medically necessary.

**Norco 10/325 mg #150:** 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.

**Decision rationale:** The requested Norco 10/325mg #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral knee pain, right ankle pain, right shoulder pain, low back pain and left shoulder pain. "The patient has difficulty with his activities of daily living, such as sitting, standing, walking, kneeling, showering, dressing etc." Medications included Norco (at least since 01-17-2010), Soma at least since 01-12-2006), Paxil, Ambien (at least since 12-12-2007) and Viagra. Objective findings included "mostly normal" gait without the use of assistive device. There was

decreased range of motion of the right shoulder with pain. There was slight tenderness and spasm of the paraspinal muscles, left greater than right. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria not having been met, the request for Norco 10/325 mg #150 is not medically necessary.

**Soma 350 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The requested Soma 350 mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral knee pain, right ankle pain, right shoulder pain, low back pain and left shoulder pain. "The patient has difficulty with his activities of daily living, such as sitting, standing, walking, kneeling, showering, dressing etc." Medications included Norco (at least since 01-17-2010), Soma at least since 01-12-2006), Paxil, Ambien (at least since 12-12-2007) and Viagra. Objective findings included "mostly normal" gait without the use of assistive device. There was decreased range of motion of the right shoulder with pain. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria not having been met, the request for Soma 350 mg #120 is not medically necessary.