

<b>Case Number:</b>	CM15-0209752		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/19/1989
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: 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 injured worker is a 67 year old male who sustained an industrial injury on 7-19-89. The medical records indicate that the injured worker was being treated for lumbar disc disease; fibromyalgia; cervicgia; low back pain; osteoarthritis of the cervical spine; adjustment disorder with major depressive episode. He currently (9-14-15) complains of increasing low back and neck pain. Medications allow him to function and help with pain. On physical exam there was some tenderness to palpation of the left shoulder with decreased, painful range of motion; the neck revealed pain on palpation and pain with range of motion; upper back revealed tenderness to palpation and pain with flexion and extension. Documentation indicates that he injured worker has difficulty with self-care and mobility without medication. His pain level goes down with medication. Pain levels were not enumerated. Discussion of sleep hygiene was not present. Documentation from 3-9-15 referenced anxiety noting that the injured worker needs the brand name Klonopin (no reason given) and he has not been getting the brand name The physical exams from at least 9-8-14 through 9-14-15 were unchanged. Treatments to date include medication: Lyrica, Elavil, Klonopin (since at least 4-5-02), Ambien (since at least 6-18-12), and Methadone (since at least 7-28-08): prior medication: trazadone, Meridia, Famvir, Vioxx, Dilaudid, Wellbutrin. The request for authorization was not present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Pain (Chronic).

**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/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. Despite the long term use of Ambien, the medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg #30 is determined to not be medically necessary.

**Klonopin 1mg #90 (Brand only): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Clonazepam, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

**Decision rationale:** Klonopin is a benzodiazepine. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for long and extended period and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Klonopin 1mg #90 (brand only) is determined to not be medically necessary.

**Methadone 10mg #30: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Methadone for many years which is not supported by the guidelines. Despite long term use of this medication, there is a lack of continued pain relief and objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Methadone 10mg #30 is determined to not be medically necessary.