

<b>Case Number:</b>	CM15-0022518		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Utah, Arkansas

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 9/5/2008. The current diagnoses are 3 millimeter left lateral herniated nucleus pulposus of L3-4, herniated nucleus pulposus L4-5 with left lateral disc protrusion, left lower extremity L5 radiculopathy, and osteoarthritis of the lumbar facet joint L4-5, right. Currently, the injured worker complains of unchanged, constant, moderate lumbar spine pain causing tingling, stiffness, stabbing, weakness, numbness, and giving way. The pain is rated 6-7/10 on a subjective pain scale. Current medications are Tramadol, Nucynta, Celebrex, and Ambien. Treatment to date has included medications. The treating physician is requesting Nucynta 75mg #90 and Ambien 10mg #30, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for Nucynta 75mg #90 and Ambien 10mg #30. The medications were modified to allow for weaning. Non-MTUS Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Drugs.com, Nucynta

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Nucynta is not indicated a medical necessity to the patient at this time.

**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), Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien

**Decision rationale:** MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. According to the clinical documentation provided and current guidelines; Ambien is not indicated as a medical necessity to the patient at this time.