

<b>Case Number:</b>	CM15-0023761		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 who sustained an industrial injury on 06/21/2013. Diagnoses include chronic pain, cervicgia, and degeneration of cervical discs, brachial neuritis or radiculitis, degeneration of the lumbar discs, lumbago, spinal stenosis, insomnia, depression and anxiety. Treatment to date has included medications, epidural injections, physical therapy, and home exercise program. A physician progress note dated 01/05/2015 documents the injured worker has constant aching neck pain with intermittent throbbing sensation radiating into his bilateral arms, and intermittent cervicogenic headaches. Cervical and lumbar range of motion is decreased. There are trapezius and levator scapulae muscles, and significant spasm and twitching of the muscle bellies. Extension causes facet loading pain and palpation of the cervical facets also elicits facet tenderness. The injured worker's gait is mildly antalgic. Treatment requested is for Ambien 5mg, #30, and Butrans Patch 20mcg/hr., #4. On 01/23/2015 Utilization Review non-certified the request for Ambien 5mg, #30 and cited was Official Disability Guidelines. The request for Butrans Patch 20mcg/hr. #4 was non-certified and Official Disability Guidelines were use in the determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans Patch 20 MCG/HR #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Buprenorphine Page(s): 76-78, 88-89, 27.

**Decision rationale:** The patient presents with constant unrated neck pain described as aching/throbbing, which radiates into the bilateral arms. Patient also complains of intermittent cervicogenic headaches. The patient's date of injury is 06/21/13. Patient has no documented surgical history directed at this complaint. The request is for BUTRANS PATCH 20 MCG/HR #4. The RFA was not provided. Physical examination dated 01/05/15 reveals atalgic gait, pain on palpation to the cervical paraspinal muscles, trapezius, and levator scapulae muscles, and notes facet loading bilaterally. Treater also notes elicitation of radicular pain bilaterally on ipsilateral rotation with flexion. The patient is currently prescribed Butrans, Norco, Ambien, and Cymbalta. Diagnostic imaging was not included. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Specifically addressing Buprenorphine, MTUS page 27 has the following: "Recommended. When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy. Few studies have been reported on the efficacy of buprenorphine for completely withdrawing patients from opioids. In general, the results of studies of medically assisted withdrawal using opioids (-e.g., methadone)- have shown poor outcomes. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected." In regards to the request for Butrans patches, treater has not provided documentation of functional improvement attributed to this medication. There is no documentation regarding prior addiction or opiate abuse for which Butrans would be indicated. Progress reports indicate that this patient has been receiving this medication since at least 07/02/14. Progress report dated 02/06/15 reports that this patient receives 50 percent reduction in pain attributed to this medication, though does not provide specific functional improvements. Furthermore, there is no discussion of consistent urine drug screens or aberrant behavior provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.

**Ambien 5 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem - Ambien.

**Decision rationale:** The patient presents with constant unrated neck pain described as aching/throbbing, which radiates into the bilateral arms. Patient also complains of intermittent cervicogenic headaches. The patient's date of injury is 06/21/13. Patient has no documented surgical history directed at this complaint. The request is for AMBIEN 5MG #30. The RFA was not provided. Physical examination dated 01/05/15 reveals atalgic gait, pain on palpation to the cervical paraspinal muscles, trapezius, and levator scapulae muscles, and notes facet loading bilaterally. Treater also notes elicitation of radicular pain bilaterally on ipsilateral rotation with flexion. The patient is currently prescribed Butrans, Norco, Ambien, and Cymbalta. Diagnostic imaging was not included. Patient is temporarily totally disabled. ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. "In regards to the request for Ambien, treater has exceeded the recommended duration of therapy. There is no documentation provided of prior utilization of this medication. Given this patients chronic pain complaints, a 7-10 day trial period of Ambien would be an appropriate adjunct to this patient's pain medications, however, the requested 30 tablets implies a duration of therapy longer than 10 days. Therefore, the request IS NOT medically necessary.