

<b>Case Number:</b>	CM15-0216483		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	07/10/2002
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 66 year old female who sustained an industrial injury 07-10-02. A review of the medical records reveals the injured worker is undergoing treatment for essential tremor, neuropathic pain, and reflex sympathetic dystrophy. Medical records (10-13-15) reveal the injured worker complains of "an increase in her pain related symptoms." Her pain is reported at 10/10 without medications, and 4/10 with medications. The physical exam (10-13-15) reveals Prior treatment includes a spinal cord stimulator, medications including Norco, Gabapentin, Alprazolam, Cymbalta, and Ambien; decompression of the distal sciatic and posterior tibial nerves, home exercise program, and steroid injections. The original utilization review (10-28-15) non certified the request for Ambien 10mg #60 with 2 refills, Alprazolam 0.25mg #30 with 2 refills, and Oxycodone 10mg #90. The documentation supports the injured worker has been on Gabapentin, Ambien, Alprazolam, and Norco since at least 03-06-15. The injured worker was on Oxycodone as a "current medications" on 10-13-15. The documentation from 09-15-15 documented the current medications as Norco and the prescribed medication as Norco. There is no documentation as to when or why the injured worker was switched from Norco to Oxycodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Ambien 10mg #60 with 2 refills: 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), Pain, Zolpidem (Ambien); Insomnia Treatment.

**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. 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. 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 injured worker has been prescribed Ambien in a chronic nature and it has been recommended for weaning in previous reviews. The request for 1 prescription of Ambien 10mg #60 with 2 refills is determined to not be medically necessary.

### **1 prescription of Alprazolam 0.25mg #30 with 2 refills: 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 (ODG), Pain (Chronic), Benzodiazepines.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, this medication has been prescribed in a chronic manner, which is not supported. This request for 2 refills implies continued chronic use. The request for 1 prescription of Alprazolam 0.25mg #30 with 2 refills is determined to not be medically necessary.

**1 prescription of Oxycodone HCL 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**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 Norco since at least June 2012 without objective evidence of functional improvement. This medication has been approved for weaning purposes only on prior reviews. 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 1 prescription of Oxycodone HCL 10mg #90 is determined to not be medically necessary.