

<b>Case Number:</b>	CM15-0222359		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/01/1989
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 71 year old female, who sustained an industrial injury on 4-1-89. Medical records indicate that the injured worker is undergoing treatment for lumbar facet spondylosis lumbar-thoracic radiculopathy, sacroiliitis, generalized osteoarthritis of the hand and insomnia. The injured worker is currently working. On (10-17-15 and 8-11-15) the injured worker complained of constant low back pain which is intermittently worse. The pain radiated to the bilateral lower extremities. The pain was described as aching, knife-like and throbbing with associated numbness. The pain was rated 5 out of 10 (average) on the visual analog scale. The pain was worse with bending, bowel movements, coughing, driving, lifting, increased activity and walking. Physical examination of the lumbar spine was not provided. Treatment and evaluation to date has included medications, MRI, Computed Tomography scan (CT scan), physical therapy (currently) and right hip surgery on 9-23-15. The pain was noted to be better with acupuncture treatments, heat, injections, inversion table, pool therapy and swimming. Current medications include Norco, Lidoderm and Mobic. The injured has been prescribed the current medications since at least May of 2015. Without the Norco the injured worker remains in bed. With the medications she is able to walk, function, perform activities of daily living and work full time. Ambien was noted to work well for the injured workers pain-induced insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. The Request for Authorization dated 10-7-15 included requests for Norco 5-325 #120, Meloxicam 15mg #30 with 1 refill and Ambien 5mg #30. The Utilization Review documentation

dated 10-20-15 non-certified the requests for Norco 5-325 #120, Meloxicam 15mg #30 with 1 refill and Ambien 5mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg one tablet four times a day as needed for 30 days quantity 120:** Overturned

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

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

**Decision rationale:** The requested Norco 5/325mg one tablet four times a day as needed for 30 days quantity 120 is 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; and Opioid Dosing, page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has constant low back pain, which is intermittently worse. The pain radiated to the bilateral lower extremities. The pain was described as aching, knife-like and throbbing with associated numbness. The pain was rated 5 out of 10 (average) on the visual analog scale. The pain was worse with bending, bowel movements, coughing, driving, lifting, increased activity and walking. Physical examination of the lumbar spine was not provided. Treatment and evaluation to date has included medications, MRI, Computed Tomography scan (CT scan), physical therapy (currently) and right hip surgery on 9-23-15. The pain was noted to be better with acupuncture treatments, heat, injections, inversion table, pool therapy and swimming. Current medications include Norco, Lidoderm and Mobic. The injured has been prescribed the current medications since at least May of 2015. Without the Norco the injured worker remains in bed. With the medications she is able to walk, function, perform activities of daily living and work full time. Ambien was noted to work well for the injured workers pain-induced insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. The treating physician has documented functional improvement from this low-opiate load narcotic. The criteria noted above having been met, Norco 5/325mg one tablet four times a day as needed for 30 days quantity 120 is medically necessary.

**Meloxicam 15mg 1 tablet everyday as needed for 30 days quantity 30 with one refill:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The requested Meloxicam 15mg 1 tablet everyday as needed for 30 days quantity 30 with one refill, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has constant low back pain which is intermittently worse. The pain radiated to the bilateral lower extremities. The pain was described as aching, knife-like and throbbing with associated numbness. The pain was rated 5 out of 10 (average) on the visual analog scale. The pain was worse with bending, bowel movements, coughing, driving, lifting, increased activity and walking. Physical examination of the lumbar spine was not provided. Treatment and evaluation to date has included medications, MRI, Computed Tomography scan (CT scan), physical therapy (currently) and right hip surgery on 9-23-15. The pain was noted to be better with acupuncture treatments, heat, injections, inversion table, pool therapy and swimming. Current medications include Norco, Lidoderm and Mobic. The injured has been prescribed the current medications since at least May of 2015. Without the Norco the injured worker remains in bed. With the medications she is able to walk, function, perform activities of daily living and work full time. Ambien was noted to work well for the injured workers pain-induced insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Meloxicam 15mg 1 tablet everyday as needed for 30 days quantity 30 with one refill is not medically necessary.

**Ambien 5mg one tablet at bedtime for 30 days quantity 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, Mental Illness and Stress, Zolpidem (Ambien).

**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 5mg one tablet at bedtime for 30 days quantity 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 constant low back pain which is intermittently worse. The pain radiated to the bilateral lower extremities. The pain was described as aching, knife-like and throbbing with associated numbness. The pain was rated 5 out of 10 (average) on the visual analog scale. The pain was worse with bending, bowel movements, coughing, and driving, lifting, increased activity and walking. Physical examination of the lumbar spine was not provided. Treatment and evaluation to date has included medications, MRI, Computed Tomography scan (CT scan), physical therapy (currently) and right hip surgery on 9-23-15.

The pain was noted to be better with acupuncture treatments, heat, injections, inversion table, pool therapy and swimming. Current medications include Norco, Lidoderm and Mobic. The injured has been prescribed the current medications since at least May of 2015. Without the Norco the injured worker remains in bed. With the medications she is able to walk, function, perform activities of daily living and work full time. Ambien was noted to work well for the injured workers pain-induced insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. 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 5mg one tablet at bedtime for 30 days quantity 30 is not medically necessary.