

<b>Case Number:</b>	CM15-0030533		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/17/1998
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Connecticut, California, Virginia  
 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 72 year old male, who sustained an industrial injury, April 17, 1998. According to progress note of February 22, 2015, the injured worker's chief complaint was back pain that radiates to the left ankle. The injured worker rated the pain as moderate to severe. The description of the pain was ache, burning, discomforting, with numbness and stabbing. The symptoms were aggravated by ascending stairs, bending, changing positions, coughing, daily activities and descending stairs. The symptoms were relieved by lying down, injections and pain medications. The injured worker rated the pain at 10 out of 10 without pain medication and 7 out of 10 with pain medication; 0 being no pain and 10 being the worst pain. The physical exam noted right lateral flexion at 15 degrees, left lateral flexion at 15 degrees, extension at 15 degrees, flexion at 30 degrees, rotation to the left 15 degrees and rotation to the right 15 degrees with increased pain with active range of motion. There was notable tenderness at the trapezius, paracervical, facet loading motion. The injured worker was diagnosed with lumbar facet arthropathy, backache, status post spinal cord stimulator, left ankle surgery times 5, history of head injury, hearing loss in the left side, left headache, chronic pain due to trauma, post laminectomy syndrome in cervical region, neck pain, back pain, long term opioid use, degeneration of the lumbar, lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, pain disorder with psychological factors, anxiety disorder, and seizure disorder. The injured worker previously received the following treatments pain management consultation, spinal cord stimulator, pain medication, cervical medical branch block C3-C4, C4-C5 bilaterally, Norco, Lorazepam, Zolpidem, Celebrex, anterior cervical discectomy and spinal fusion C4-T1 in

2000, 3 occipital nerve blocks and facet injections relieved the pain by 78%. On January 2, 2015, the primary treating physician requested authorization for prescriptions for Zolpidem 10mg #30 with 5 refills, Lorazepam 1mg #70 with 5 refills and Celebrex 200mg #30 with 5 refills. February 12, 2015, the Utilization Review denied authorization for prescriptions for Zolpidem 10mg #30 with 5 refills, Lorazepam 1mg #70 with 5 refills and Celebrex 200mg #30 with 5 refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

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

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

#### **Zolpidem 10mg #30 with 5 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 2/9/15), Insomnia treatment / 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) Insomnia.

**Decision rationale:** According to the ODG guidelines, Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is not considered appropriate in for long-term sleep concerns. There are other medications that should be considered as long-term treatments for insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Because this patient has been chronically treated with Ambien and efficacy appears to be proven by the provided documentation, the utilization reviewer's decision to allow for one month of treatment with a plan to wean may not be completely reasonable, particularly in light of the concurrent demand to wean other long term medications. Other modalities for sleep improvement should be considered, along with possible other medications that are more appropriate for long-term treatment, however, given the documentation provided by the primary treating physician (■■■■) requesting continuation of medications, It is the opinion of this reviewer that focus on weaning of medications should be tailored first to opioids and weaning multiple medications at once is unlikely to be successful. Interpretation of the guidelines only for each individual medication without consideration of the total chronicity and complexity of this patient's pharmacologic treatment history is not a reasonable approach to treatment. If continued treatment with Ambien is required, more detailed documentation of failed sleep treatments and reasoning as to why other pharmacotherapy is not attempted should be provided, along with sleep study data, however, at this time the medication may be considered reasonable and necessary in light of the complexity of this patient's overall treatment and to allow for the possibility of decreased dependency on opioids.

#### **Lorazepam 1mg #70 with 5 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for 70 tablets of 1 mg Lorazepam with five refills unreasonable according to utilization review. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, however, a letter from [REDACTED], the primary treating physician and pain management specialist, appeals that the medication is low dose and currently manageable under proven patient compliance. This is a patient clearly needing focus on decreased medication dependency in long term pain management, but in order to facilitate the possibility of decreased opioid dependency as the primary goal, it is not the opinion of this reviewer that all habit forming medications can be reasonably weaned in thirty days as indicated by utilization review. Therefore the request for Lorazepam 1 mg #70 with five refills is considered medically necessary at this time in order to facilitate more judicious use and, ideally, weaning of opioids.

**Celebrex 200mg #30 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Specific recommendations; NSAIDs, specific drug list & adverse effects; Selective COX-2 NSAIDs Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The MTUS guidelines recommend NSAIDs as a treatment option for short-term symptomatic relief, but given the chronicity of pain in this worker, and in light of established efficacy and compliance (the provided records indicate improvement in pain and function on medications), the quantity of medication may be deemed medically necessary in order to facilitate weaning of heavier pain medications (opioids) first. Given the lack of evidence for long-term effectiveness and the risk of side effects, frequent and consistent follow up is recommended along with a plan to eventually decrease NSAID requirements.