

<b>Case Number:</b>	CM15-0036810		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, California  
 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:

This is a 35 year old female patient who sustained an industrial injury on 12/8/09. Diagnoses include status post cervical fusion and right cubital tunnel release; cervical and lumbar radiculopathy, L4-S1 facet arthropathy and chronic intractable pain. Per the doctors note dated 2/27/2015, she had complaints of neck, low back, left elbow and left knee pain. Physical examination revealed paravertebral tenderness and decreased sensation in right S1 dermatomes and mildly decreased extension. The current medications list includes vicodin, ambien and motrin. She has undergone cervical spine fusion surgery and right cubital tunnel release. She has had multiple diagnostic studies including MRI lumbar spine dated 1/4/2011; cervical spine MRI dated 3/3/2012; right shoulder MRI on 6/5/2012; CT scan of cervical spine on 9/4/2013. She has had urine drug screen on 8/20/2014 and 11/21/2014 with consistent results. On 2/20/15, Utilization Review addressed a request for 90 Vicodin 5/300mg, 90 Motrin 800mg and 30 Ambien 10mg. the 90 Vicodin 5/300mg was denied based on MTUS Chronic Pain guidelines. The 90 Vicodin 5/300mg was modified to #68 between 2/4/15 and 3/27/15 based on MTUS Chronic Pain guidelines. The 30 Ambien 10mg was denied based on the lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Vicodin 5/300mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** 90 Vicodin 5/300mg Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control (including antidepressants or anticonvulsants) is not documented in the records provided. Response to lower potency opioid like tramadol is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of 90 Vicodin 5/300mg is not established for this patient at this time.

**90 Motrin 800mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs Page(s): 22; 67.

**Decision rationale:** 90 Motrin 800mg Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had neck, low back, left elbow and left knee pain. Patient is having objective findings on physical examination including paravertebral tenderness and decreased sensation in right S1 dermatomes and mildly decreased extension. Patient is having surgical history of cervical spine

fusion and right cubital tunnel release. NSAIDs are considered first line treatment for pain and inflammation. The request for 90 Motrin 800mg is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

**30 Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/06/15) Zolpidem (Ambien<sup>1/2</sup>).

**Decision rationale:** 30 Ambien 10mg Ambien contains Zolpidem which is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of 30 Ambien 10mg is not fully established for this patient at this time.