

<b>Case Number:</b>	CM15-0048984		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: New York, Tennessee 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 57 year old female, who sustained an industrial injury on 3/12/01. The diagnoses have included cervical disc herniation with left upper extremity radiculitis, left side cervical radiculopathy, lumbar spinal stenosis, status post laminectomy with worsening pain and left lower extremity radiculopathy, right shoulder rotator cuff syndrome, right knee post traumatic osteoarthritis , post arthroscopic surgery, left knee medial compartmental osteoarthritis, post traumatic and left shoulder sprain/strain. Treatment to date has included medications, surgery, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and conservative measures. Currently, as per the physician progress note dated 2/6/15, the injured worker complains of neck, low back, bilateral shoulder and left knee pain. The persistent pain in the neck was rated 6-7/10, constant and slightly worsening. The pain radiates to the right trapezius where she states there is pain and swelling. The lumbar spine pain was rated 6-9/10, frequent and worsening. The pain radiates all the way down to the left foot. The bilateral shoulder pain was rated 9/10, constant and worsening, right greater than left. The left knee pain was rated 5-7/10, frequent and unchanged. The pain is alleviated with rest and medications and aggravated with activity. It was noted that the Norco takes the pain down from a 9 to a 5 on the pain scale. She also takes Ambien for sleep and Nexium for gastrointestinal upset secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use in the past. The injured worker is not currently in any physical therapy or chiropractic therapy. Physical exam revealed cervical spine with decreased range of motion, tenderness, and positive Spurling's test on the left, positive cervical compression test and decreased sensation on the left at C5 and C6. The lumbar spine exam revealed decreased range of motion, positive Kemp's sign bilaterally, positive straight leg raise bilaterally, and decreased strength and sensation bilaterally. The right shoulder exam revealed decreased range of motion, positive Hawkins' and Neer's impingement, tenderness over the acromioclavicular joint and decreased strength. The left

shoulder exam revealed decreased range of motion. The physician noted that lumbar spine surgery was pending and she will continue with using Transcutaneous Electrical Nerve Stimulation (TENS) and a prescription was written for Norco, Ambien and Nexium. The physician requested treatments included NEXIUM 40MG QTY 30, NORCO 7.5/325MG QTY 90, and AMBIEN 5MG QTY 30.

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

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

**NEXIUM 40MG QTY 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Nexium is esomeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

**NORCO 7.5/325MG QTY 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such

as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least September 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized.

**AMBIEN 5MG QTY 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

**Decision rationale:** Ambien is zolpidem, a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient has been using Ambien since at least September 2014. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request should not be authorized.