

<b>Case Number:</b>	CM15-0049436		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male who sustained an industrial injury on 01/28/1999. Current diagnoses include rotator cuff syndrome, cervical spondylosis without myelopathy, unspecified disorders of bursae and tendons in shoulder region, osteoarthritis lower leg, and lumbar spondylosis. Previous treatments included medication management, surgery, physical therapy, trigger point injections, and acupuncture. Report dated 03/02/2015 noted that the injured worker presented for follow-up, medication refills, and lower back and neck pain complaints. Current medication regimen includes Lidoderm patches, Robaxin, Lyrica, oxycodone HCL, Ambien, and Cymbalta. Pain level was rated as 5 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. The treatment plan included refill oxycodone HCL, Ambien, and Cymbalta, and follow up in 4 weeks. Disputed treatments included oxycodone and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone 10mg #120 is not medically necessary.

**Ambien 5mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long-term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the

use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 5mg #30 is not medically necessary.