

<b>Case Number:</b>	CM15-0050704		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41-year-old male, with a reported date of injury of 01/29/2010. The diagnoses include right knee pain following arthroscopy, status post right L4-5 hemilaminectomy and discectomy, lumbar discogenic pain, lumbar spondylolisthesis, bilateral carpal tunnel syndrome, bilateral grade 1 ankle sprain, and facet syndrome. Treatments to date have included x-rays of the lumbar spine, an MRI of the lumbar spine on 09/03/2014, and oral medications. The progress report dated 02/27/2015 indicates that the injured worker complained of persistent aching, burning, stabbing low back pain. He rated the pain 7 out of 10 with pins and needles sensation; burning mid-back pain that he rated 5 out of 10; right knee pain which was rated 4 out of 10; right wrist pain that was rated 8 out of 10; and bilateral leg pain that he rated 4 out of 10. It was noted that the injured working was not taking any medication because he ran out of medications, and he was not attending any therapy. The objective findings include a normal gait, a well-healed surgical scar on the lumbar spine, tenderness in the paraspinous musculature of the thoracic and lumbar regions, muscle spasm was positive in the bilateral lumbar area, decreased lumbar spine range of motion, increased pain on extension versus flexion, spasm on lumbar range of motion, and negative straight leg raise test. There was no documentation that the injured worker had a diagnosis of insomnia. The treating physician requested Norco 10/325mg #60, Gabapentin 600mg #60 for neuropathic pain, and Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the upper, mid-, and lower back; right knee and wrist; and both legs. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 10/325mg, taken as one tablet twice daily as needed, is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Gabapentin 600mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

**Decision rationale:** Gabapentin is a medication in the anti-epilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker

was experiencing pain in the upper, mid-, and lower back; right knee and wrist; and both legs. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no detailed description of improved pain intensity or function or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of gabapentin 600mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Ambien 10mg #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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med.* Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 05/01/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 38.0. UpToDate. Accessed 05/01/2015.

**Decision rationale:** Ambien (zolpidem) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not detail when this medication was started, but these records reported the worker had used it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.