

<b>Case Number:</b>	CM15-0055571		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male, who sustained an industrial injury on 4/15/09. He has reported a neck injury from repetitive action of moving his head to see through his bifocal lenses. The diagnoses have included cervical spondylosis without myelopathy, cervical facet syndrome, cervical pain and low back pain. Treatment to date has included medications, conservative measures and Home Exercise Program (HEP). The current pain medications included Norco and Ambien. The urine drug screen was consistent with prescribed medications. Currently, as per the physician progress note dated 2/5/15, the injured worker complains of neck pain and low backache. The pain has remain unchanged since last visit and was rated 6/10 on pain scale with medications and 9/10 on pain scale without medications. He also states he has poor sleep quality. He states that he has increased muscle soreness in the left triceps and increased tingling in the left hand when he hold something. The physical exam of the cervical spine revealed restricted range of motion with pain and tenderness. The lumbar spine range of motion was restricted and limited with pain and spasm, tenderness and tight muscle band bilaterally. He was not able to walk on heel or toes. The Gaenslen's and lumbar facet loading was positive bilaterally. The neck movements were restricted. The motor testing was limited by pain, light touch sensation was decreased over lateral calf, and thigh left side. The physician noted that the injured worker was instructed to walk for exercise as tolerated, adhere to a low calorie diet and weight loss program as part of pain management, take medications as directed and perform stretching exercises. The physician requested treatments included Ambien 10mg tablets #30 with 1 refill and Norco 10/325mg #90 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg tablets #30 with 1 refill:** 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 Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** The 64-year-old patient presents with neck and low back pain, rated 6/10. The request is for Ambien 10mg tablets #30 with 1 refill. The RFA provided is dated 01/24/15 and the date of injury is 04/15/09. Per 02/05/15 report, the patient has a diagnoses of cervical spondylosis without myelopathy, cervical facet syndrome, cervical pain and low back pain. Per same report, treater states, "Patient rates his pain a 9/10 without medications. His quality of sleep is poor." Current medications include Ambien, Norco, Amlodipine, Chlorthalidone, K-tab, Lisinopril, Metformin, Qvar and Simvastatin. The patient is not working. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)" Per 02/05/15 report, treater states, "With Ambien, the patient gets 7 hours of sleep and wakes up 2 times, vs without it, he would get 4-5 hours and wakes up 6 times." Per provided medical reports, Xanax was prescribed to the patient at least since 08/13/14. DG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for an additional quantity 30 with a refill does not indicate intended short-term use of this medication. The request is not inline with guideline indications. Therefore, the request is not medically necessary.

**Norco 10/325mg #90 with 1 refill:** 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, Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The 64-year-old patient presents with neck and low back pain, rated 6/10. The request is for Norco 10/325mg #90 with 1 refill . The RFA provided is dated 01/24/15 and the date of injury is 04/15/09. Per 02/05/15 report, the patient has a diagnoses of cervical

spondylosis without myelopathy, cervical facet syndrome, cervical pain and low back pain. Per same report, treater states, "Patient rates his pain a 9/10 without medications. His quality of sleep is poor." Current medications include Ambien, Norco, Amlodipine, Chlorthalidone, K-tab, Lisinopril, Metformin, Qvar and Simvastatin. The patient is not working. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 02/05/15 report, treater states, "The UDS are consistent with medication regimen. Current regimen of medication optimizes function and activities of daily living. Patient shows no evidence of dependence." Per provided medical reports, Norco was prescribed to the patient at least since 08/13/14. MTUS requires appropriate discussion of the 4A's. In this case, treater has discussed pain scales, adverse reactions and aberrant behavior. There is a consistent UDS and opioid pain agreement. However, the use of opiates requires detailed documentation regarding pain and function as required by MTUS. There are no specific examples of ADL's or change in work status showing functional improvement. No validated instruments are used and no outcome measures are documented. Given the lack of documentation as required by guidelines, the request is not medically necessary.