

<b>Case Number:</b>	CM15-0060221		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 10/13/99. She reported initial complaint of low back, right knee and both hands pain. The injured worker was diagnosed as having lumbosacral spine strain; thoracic spine strain; multiple forearm contusion right; post lumbar laminectomy syndrome; back pain; lumbar radiculopathy. Treatment to date has included status post discolasty (2/15/2000); physical therapy; home exercise program; urine drug screening; medications. Currently, the PR-2 notes dated 11/12/14 indicate the injured worker presents with back pain. The left low back and buttocks pain, which radiates down the left lower extremity with associated left lower extremity numbness down the entire leg to the foot. The severity is noted as moderate and aggravated by physical activity and relieved by medications. The pain is worse at night with trouble getting to sleep and sleeping through the night due to pain which is helped by Ambien. She was swimming and now the pool is closed for the winter and asking for physical therapy. Pain at 5/10 on the VAS today and reports a 30% overall improvement since beginning treatment with this office. Norco onset of relief is in 15-20 minutes providing up to 80% lasting three hours using 5-7 or less a day. This allows her to swim 20 laps in an hour and walks 1-2 miles a day. Urine drug screens are appropriate with no aberrant behaviors. The provider is requesting the medications: Ambien CR 12.5mg #30 (unspecified refills) and 2 Norco 10/325mg #186 (unspecified refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Norco 10/325mg #186 (unspecified refills): Overturned**

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of his pain management. Supporting documentation states that this prescription for Norco will initiate the weaning phase of treatment. The request for 2 Norco 10/325mg #186 (unspecified refills) is medically necessary.

**Ambien CR 12.5mg #30 (unspecified refills): 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 Chapter, Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem (Ambien). Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do address the timeline of the insomnia and probable causes. The medical records do not indicate that non-

pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharamacological sleep aid. The patient has attempted to wean off of the drug beginning 1/9/15. The request for Ambien CR 12.5mg #30 (unspecified refills) is not medically necessary.