

<b>Case Number:</b>	CM15-0083874		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 1/21/2011. She reported injury from a slip and fall. The injured worker was diagnosed as having cervical and thoracic disc displacement, rotator cuff sprain, lumbar disc displacement, lumbosacral neuritis and lumbar disc disease. The injured worker is waiting on a possible posterior lumbar interbody fusion of lumbar 4-5 and lumbar 5-sacral 1. There is no record of a recent diagnostic study. Treatment to date has included therapy, epidural steroid injection, lumbosacral brace and medication management. In a progress note dated 2/26/2015, the injured worker complains of cervical pain with radicular pain to the bilateral upper extremities, shoulders and low back pain with numbness and tingling. There is no documentation of a pain rating before and after medication and its effectiveness. The treating physician is requesting Norco 10/325 mg #120, Hydrocodone/Apap 7.5-325 mg #120 and Zolpidem 10 mg 330.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury more than four years ago and continues to be treated for radiating neck and low back pain. When seen, she had failed conservative treatments and lumbar spine surgery was being requested. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness and spasms. There was positive straight leg raising and decreased lower extremity strength and sensation. There was decreased and painful cervical spine range of motion with paraspinal muscle tenderness and spasms with positive Spurling and Compression testing. Medications include hydrocodone been prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Prior notes reference ongoing pain rated at high as 9/10 without mention of the effectiveness of the medications being prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

**Hydrocodone/Apap 7.5-325mg #120:** Upheld

**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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury more than four years ago and continues to be treated for radiating neck and low back pain. When seen, she had failed conservative treatments and lumbar spine surgery was being requested. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness and spasms. There was positive straight leg raising and decreased lower extremity strength and sensation. There was decreased and painful cervical spine range of motion with paraspinal muscle tenderness and spasms with positive Spurling and Compression testing. Medications include hydrocodone been prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Prior notes reference ongoing pain rated at high as 9/10 without mention of the effectiveness of the medications being prescribed. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.

**Zolpidem tab 10mg #30:** 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury more than four years ago and continues to be treated for radiating neck and low back pain. When seen, she had failed conservative treatments and lumbar spine surgery was being requested. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness and spasms. There was positive straight leg raising and decreased lower extremity strength and sensation. There was decreased and painful cervical spine range of motion with paraspinal muscle tenderness and spasms with positive Spurling and Compression testing. Medications include hydrocodone been prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Prior notes reference ongoing pain rated at high as 9/10 without mention of the effectiveness of the medications being prescribed. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. If she has difficulty sleeping due to pain, then night time pain treatments should be considered. Therefore, zolpidem was not medically necessary.