

<b>Case Number:</b>	CM15-0087094		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/20/1999
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 62-year-old male, who sustained an industrial injury on 10/20/99. The injured worker has complaints of lumbar spine pain. The documentation noted that the injured worker had a positive straight leg raise test at 45 degrees from laying down flat on the left side. The diagnoses have included status post lumbar spine surgery at L4-L5 and lumbar sprain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine impression showed postoperative changes L4-S1 (sacroiliac), a slightly greater degree of degenerative retrolisthesis of L3-on L4 secondary to significant facet arthropathy, lateral recess narrowing is demonstrated at this level with mild-to-moderate bilateral foraminal encroachment and stable appearance of the L4-S1 (sacroiliac) fusion; percocet for breakthrough pain; duragesic patch for pain relief ; ambien for insomnia; home exercise program and lumbar spine surgery. The request was for percocet 10-325mg #120; ambien 5mg #45 and duragesic patch 50mcg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses our staff post lumbar spine surgery at L4 - L5; and lumbar sprain. The medical record shows injured worker first refill Percocet on March 26, 2014. Start date for Percocet is unclear based on the medical record documentation. The injured worker states he has not been receiving authorized Percocet prescriptions and has been purchasing the opiate on his own. The treating provider prescribed Ambien as far back as March 26, 2014. The exact start date for Ambien is unclear based on the available medical records review. According to an October 11, 2014 progress note, the injured worker was taking Duragesic 50 g every 48 hours. The exact start date is unclear based on the available medical record documentation. On January 14, 2015, the injured worker had 10/10 pain. On April 11, 2015, the injured worker still complains of 10/10 VAS pain score. The injured worker stated he was receiving Duragesic patches from a friend and using them. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with long-term Percocet. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments, detail pain assessments, objective functional improvement and an attempt to wean Percocet while using Duragesic patches from a friend, Percocet 10/325mg # 120 is not medically necessary

**Ambien 5mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 5 mg #45 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain

specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses our staff post lumbar spine surgery at L4 - L5; and lumbar sprain. The medical record shows injured worker first refill Percocet on March 26, 2014. Start date for Percocet is unclear based on the medical record documentation. The injured worker states he has not been receiving authorized Percocet prescriptions and has been purchasing the opiate on his own. The treating provider prescribed Ambien as far back as March 26, 2014. The exact start date for Ambien is unclear based on the available medical records review. According to an October 11, 2014 progress note, the injured worker was taking Duragesic 50 g every 48 hours. The exact start date is unclear based on the available medical record documentation. On January 14, 2015, the injured worker had 10/10 pain. On April 11, 2015, the injured worker still complains of 10/10 VAS pain score. The injured worker stated he was receiving Duragesic patches from a friend and using them. Ambien is indicated for short-term (7 to 10 days) treatment of insomnia. There was no documentation stating sleep difficulties or subjective complaints of improved insomnia. There was no diagnosis of insomnia. Consequently, absent clinical documentation to support the ongoing use of Ambien in excess of the recommended guidelines for short-term use (7 - 10 days), Ambien 5 mg #45 is not medically necessary.

#### **Duragesic Patch 50 mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 50ug #15 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses our staff post lumbar spine surgery at L4 - L5; and lumbar sprain. The medical record shows injured worker first refill Percocet on March 26, 2014. Start date for Percocet is unclear based on the medical record documentation. The injured worker states he has not been receiving authorized opiate prescriptions and has been purchasing the opiates on his own. According to an October 11, 2014 progress note, the injured worker was taking Duragesic 50 g every 48 hours. The exact start date is unclear based on the available medical record documentation. On January 14, 2015, the injured worker had 10/10 pain. On April 11, 2015, the injured worker still complains of 10/10 VAS pain score. The injured worker stated he was receiving Duragesic patches from a friend and using them. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement with long- term Duragesic. Additionally, proper dosing for Duragesic

is every 72 hours. The treating provider prescribed Duragesic every 48 hours. This dosing is inconsistent with the guidelines. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments, detail pain assessments, objective functional improvement and an attempt to wean Duragesic while using Duragesic patches from a friend, Duragesic 50ug #15 is not medically necessary is not medically necessary.