

<b>Case Number:</b>	CM15-0088446		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/10/2000
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 68-year-old male, with a reported date of injury of 01/10/2000. The diagnoses include lumbar stenosis, displacement of the lumbar disc without myelopathy, and lumbosacral radiculitis. Treatments to date have included oral medications. The progress report dated 04/09/2015 indicates that the injured worker complained of low back pain, and left sciatica pain. It was noted that he remained challenged with the current medications as prescribed and was displeased. It was also noted that reducing the activities of daily living improved the injured worker's symptoms. The physical examination showed tenderness at the left sciatic notch, decreased lumbosacral range of motion. It was noted that the injured worker continued to require Oxycodone as currently prescribed to address opioid-responsive low back pain. His activities of daily living were reflective of a total pain-related impairment score of 59, placing him in a moderately severe impairment category. There was no documentation of the injured worker's pain rating, improvement of pain, or a diagnosis of sleep disturbance. On 03/09/2015, the injured worker's total pain-related impairment score was 56, placing him in a moderately severe impairment category. The treating physician requested Oxycodone 30mg #180 and Ambien 10mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg (1 tab every 4 hrs) Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 68 year old male has complained of low back pain since date of injury 1/10/00. He has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

**Ambien 10 mg (every night) Qty 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Ambien.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/Ambien](http://www.drugs.com/Ambien).

**Decision rationale:** This 68 year old male has complained of low back pain since date of injury 1/10/00. He has been treated with physical therapy and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short-term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.