

<b>Case Number:</b>	CM15-0240119		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	12/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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: Texas, Florida, 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 26 year old male, who sustained an industrial injury on 2-4-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, sacroiliac pain, and low back pain. On 9-29-2015, the injured worker reported a lower backache rated 8 on a scale of 1 to 10 with medications, and 10 on a scale of 1 to 10 without medications with pain level remaining the same as the previous month. The most recent Treating Physician's report submitted dated 9-29-2015, noted the injured worker did not report any change in the location of the pain or activity level, with poor quality of sleep. The injured worker was noted to be taking his medications as prescribed, reporting them working well. The Physician noted the injured worker continued to be emotional about the overall pain and lack of sleep, noting a steady decline in function over the past 3-6 months. The injured worker's current medications were noted to include Cymbalta, noting to improve his mood and pain, MS Contin, Gabapentin, Morphine Sulfate, and Ambien. A CURES report was noted to have been reviewed, with the urine toxicology screen noted to be within normal limits of the medications prescribed. The physical examination was noted to show restricted lumbar spine range of motion (ROM) with facet loading positive bilaterally and straight leg raise positive on the left. Light touch sensation was noted to be decreased over the entire leg on the left side. Prior treatments have included a transforaminal epidural steroid injection (ESI) on 6-24-2015 with 40% relief noted in the legs and no change in the back, physical therapy, Flexeril, Percocet, Trazodone, Lexapro, Zoloft, and H-wave. The treatment plan was noted to include continued MS Contin, MS IR, Gabapentin, and Cymbalta with trial of Ambien. The injured worker's work

status was noted to be prescribed modified duty. The request for authorization was noted to have requested Morphine Sulfate IR 15mg #120 and Ambien 10mg #30. The Utilization Review (UR) dated 12-8-2015, denied the requests for Morphine Sulfate IR 15mg #120 and Ambien 10mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Morphine Sulfate IR 15mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** This claimant was injured in 2011. The injured worker has lumbar radiculopathy and low back pain. Objective functional improvement out of the medicines is not iterated. Signs of insomnia are not discussed. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request is not medically necessary.

#### **Ambien 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/02/15), Online Version.

**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, under Zolpidem.

**Decision rationale:** This claimant was injured in 2011. The injured worker has lumbar radiculopathy and low back pain. Objective functional improvement out of the medicines is not iterated. Signs of insomnia are not discussed. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that 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). I was not able to find solid evidence in the guides to support long-term usage. This request is not medically necessary.