

<b>Case Number:</b>	CM14-0134649		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year old male with date of injury 10/4/13. The treating physician report dated 7/7/14 indicates that the patient presents with chronic pain affecting the lower back and left leg. The patient is taking Hydrocodone twice a day which he feels helps him function and he is back to work on modified duty. He is also taking Zolpidem at night to help him sleep. The physical examination findings reveal lower extremity muscle strength of 5/5 with normal reflexes and decreased in the left lower extremity and pain with lumbar extension. The current diagnoses are: 1.L5/S1 disc protrusion left S1 radiculopathy, possible lumbar facet syndrome. The utilization review report denied the request for Hydrocodone and Zolpidem based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg 1-3 times a day:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines; Opioids; On-Going Management Page(s): pages 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids, long-term assessment Page(s): 80-82, 88-96.

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with left leg pain. The current request is for Hydrocodone 10/325mg 1-3 times a day. Review of the treating physician reports indicates that the patient has decreased pain from a 7-8/10 to a 4-6/10 with Hydrocodone usage that allows better function and there are no reported side effects from medication usage. The patient is working modified duty and is not to operate machinery or drive trucks until he is off of opioids. The MTUS guidelines for opioid usage state that Hydrocodone is an option for treating pain. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the physician has documented decreased pain, improved function, no adverse behaviors are noted and no side effects are noted. The patient is currently working, the medication is helping him function and the MTUS criteria have been met. Therefore the request is medically necessary.

**Zolpidem 5mg 1-2 tablets at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG web version, Pain Chapter: Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter.

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with left leg pain. The current request is for Zolpidem 5mg 1-2 tablets at bedtime. Review of the treating physician report dated 7/7/14 does not indicate that the patient suffers with insomnia. Ambien (Zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been taking Zolpidem since at least 3/31/14 and there is no documentation to support insomnia. Therefore the request is not medically necessary.