

<b>Case Number:</b>	CM14-0141191		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/02/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 injured worker is a 56-year-old male who reported an injury on 12/02/2005 due to a fall. The mechanism of injury was not provided. On 05/13/2014, the injured worker presented worsening of erectile dysfunction and low back pain. The diagnoses were stress urinary incontinence, and urinary incontinence of nonorganic origin. Medication included Albuterol, Amitriptyline, Cetirizine, Fluticasone, Hydrocodone-Acetaminophen, Naproxen Sodium, Omeprazole, Oxybutynin, and Psyllium. Upon examination, there was intact sensation from the L1 to S4, with intact motor strength. No cervical or lumbar spine tenderness noted. The provider recommended Norco, MS Contin, and Ambien. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg, #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Opioids, Criteria for Use).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg with a quantity of 150 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medically necessity has not been established.

**1 prescription of MS Contin 15mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for MS Contin 15 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medically necessity has not been established.

**1 prescription of Ambien CR 12.5mg #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 (Acute and Chronic), 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, Ambien.

**Decision rationale:** The request for Ambien CR 12.5 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines state that Ambien is a short acting non-Benzodiazepine hypnotic which is approved for the short term 4-6 week treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often hard to obtain. While saving pills, so called minor tranquilizers as anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for short term use. They can be habit forming and may impair function, memory, or with an opiate pain relievers. There is also concern that they may increase pain and depression over the long term. The efficacy of the prior use of Ambien was not provided. Additionally, the provider's request for an additional

prescription of Ambien with a quantity of 30 exceeds the guideline recommendations of short term use. The frequency of the medication was not provided in the request as submitted. As such, the medical necessity has not been established.