

<b>Case Number:</b>	CM14-0149184		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 and Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/21/03 when, while working as a plasterer, he fell approximately 25 feet from a ladder. He sustained a calcaneal fracture and had knee and back pain. He underwent repair of the right calcaneal fracture and subsequently had two knee arthroscopies. The claimant's height is 5 feet, 9 inches and his weight is 198 pounds which corresponds to a BMI of 29.2. He was seen by the requesting provider on 12/04/13. He was having persistent low back pain with occasional lower extremity radiating symptoms, right foot problems, and difficulty balancing. Medications were Norco 10/325 mg six times per day. Physical examination findings included decreased and painful lumbar spine range of motion and unsteadiness when standing on his right foot. Colace was prescribed for constipation. On 01/27/14 he was having low back, left knee, and right foot pain. Pain was rated at 3-4/10 with medications and 8/10 without medications. He was having difficulty sleeping. The note references having taken Ambien which had been helpful. Norco 10/325 #180, Colace #60, and Ambien #30 were prescribed. As of 06/17/14 he was having ongoing pain. He was taking Ambien 4-5 times per week and was sleeping better. He was having constipation and Colace had become less effective. Knee injections were helping. Norco 10/325 mg, Ambien, and Colace were prescribed and Lactulose was added. On 08/12/14 he was having ongoing symptoms. Pain was rated at 4/10 with medications and 9/10 without. He was having severe constipation. Physical examination findings included ongoing multilevel spinal tenderness. Norco 10/325 mg, Ambien 10 mg, and Senokot-S #180 1-6 times per day were prescribed. He was continued at a sedentary capacity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #60:** 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 (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back and bilateral lower extremity pain. He is being treated with Ambien for insomnia. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. He is overweight and obstructive sleep apnea would be a potential cause of his difficulty sleeping. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, continuation of Ambien is not medically necessary.

**Senokot-S #180:** Overturned

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

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

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back and bilateral lower extremity pain. Medications include Norco 10/325 mg being prescribed at a total MED (Morphine equivalent dose) of 60 mg per day. The claimant has the common side effect of opioid induced constipation with treatments including Colace and Lactulose but with ongoing symptoms. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking and Norco is

being prescribed on a long term basis. He has constipation due to opioids and other treatments have not been effective. Therefore, Senokot-S was medically necessary.