

<b>Case Number:</b>	CM14-0167932		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/12/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old male who was injured on 5/12/2006. He was diagnosed with cervicalgia. He was treated with opioids, sleep aids, non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, cervical spinal surgery (laminectomy), and radiofrequency neurotomy of right third occipital nerve and C3 deep medial branch nerve (7/16/14). On 9/5/2014, the worker was seen by his primary treating physician reporting chronic neck pain with suboccipital headaches. He also reported bilateral upper extremity pain, low back pain, and bilateral leg pain. He reported that his medications collectively provide functional gains (activities of daily living, restorative sleep, and mobility) without side effects. Physical findings included tenderness of the paracervical and upper back muscles with increased muscle tone. He was then recommended to continue his Ambien, Skelaxin, and Hydrocodone/APAP, and begin Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Pain (Chronic), Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness Section, Insomnia Section; Zolpidem

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. The worker, in this case had reported improved sleep with Ambien use, however, it is not recommended to be used as long as he had used the Ambien (at least many months). Many other sleep aids may be considered which may have less potential side effects. Therefore, the Ambien is not medically necessary to continue.

**Hydrocodone/Acetaminophen 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had used Hydrocodone/APAP chronically leading up to this request. He reported an overall improved function due to his collective medication use. However, there was insufficient documentation of evidence of benefit as there was not a quantitative assessment of his pain with and without Hydrocodone use, nor was there a report on which specific functions were improved with its use. Therefore, without this more specific documentation in the progress notes, the Hydrocodone is not medically necessary.