

<b>Case Number:</b>	CM14-0185582		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/15/1989
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 58 year old male with an injury date of 12/15/89. Based on 10/22/14 progress report, the patient complains of pain in the bilateral legs, bilateral buttocks, thoracic region, bilateral low back, and groin. The pain is worsened by physical activity, stress, weather changes, and lack of sleep but gets better with sleep, rest, heat, medication, ice, and changing positions. The pain ranges from 3-6/10 with medication but was 10/10 without medication last month. The patient can "tolerate a pain level of 5/10." The patient also complains of shortness of breath, ringing in ears, frequent urination at night, muscle cramps, joint swelling, bone pain in the last three months, joint stiffness, numbness and back pain. He takes 1-2 hours to sleep after the lights are out and awakens 3 times per night on average. Physical evaluation reveals that the patient ambulated with a slow, steady gait without the use of a cane. There is a decreased range of motion across the torso. Progress report dated 08/26/14 states that the most of the patient's pain is in the thoracic spine around the T11 area where he has a fractured pedicle screw. Physical examination reveals progressive kyphotic curvature and direct reproducible tenderness in the lower thoracic spine. Physical examination of the lumbar spine reveals restricted range of motion and reproducible tenderness over the lumbar musculature and in the midline area. The patient's current list of medications, as per progress report dated 10/22/14, include Ambien, Trazodone, Oxycontin, Morphine sulfate, Carisoprodol, Lyrica, Lexapro, Wellbutrin, Docusate calcium, and Tricor. He has taken Restoril, Lunesta and Seroquel for sleep in the past, as per the same progress report. Patient uses a cane and can go out without assistance. He is, however, rested or reclined 50-75% of the waking day, as per the 10/22/14 progress report. The patient has been encouraged to follow a gradual and progressive daily stretching regimen to help minimize chronic pain. The patient received TF ESI on 05/05/14 which helped reduce his pain by 90-95%

lasting four-and-half months, as per progress report dated 09/24/14. His dosage of Oxytocin was reduced at this visit, and the patient did not take Ambien at this point of time. He took Seroquel and Trazodone for sleep, as per progress report dated 09/24/14. Progress report dated 08/27/14, the patient took Lunesta and Seroquel for insomnia. The patient received trigger point injections over the upper thoracic levels, as per progress report dated 03/18/14. X-ray of the Lumbar Spine, as per report dated 04/04/14:- Status post posterior fusion T11 through L4 with pedicle screws and rods in place along with bony fusion.- Status post discectomies at L1-2 and L2-3 with discectomies and bone spaces at L4-5 and L5-S1. - Old fractures of the superior endplate of L3 are present.- Diffused degenerative changes throughout the lumbar spine- An old S1 fracture is present and is stable in alignment from prior exam. - Fracture through the pedicle screws at T11 on the left. MRI of the Lumbar Spine without Contrast, as per report dated 04/04/14:- Status post midline laminectomy at L4-5 and L5-S1 with anterior interbody fusions. Perithecal fibrosis involving the proximal right L5 nerve root. - Relative central canal stenosis at L3-4 associated with small central canal on a developmental basis, slight posterior extension of the disc annulus, minor L3 marginal osteophytic changes, and mild to moderate facet joint degenerative changes, unchanged compared with 01/12/195. Diagnosis 10/22/14:- Chronic Pain Syndrome- Post-laminectomy, Lumbar- Back pain, Lumbar with Bilateral Radiculopathy- Sacroiliac Joint Dysfunction- Myofascial Pain Syndrome- Chronic Depression- Chronic Anxiety- Chronic Insomnia- S/P Arthrodesis, Anterior and Posterior, Lumbar- Degenerative Disc Disease, Lumbar Spine- Testicular PainThe treater is requesting for (a) Oxycontin 80mg # 180 (b) Ambien 10mg # 30. The utilization review determination being challenged is dated 10/31/14. The rationale follows:(a Oxycontin 80mg # 180 - "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." (b) Ambien 10mg # 30 - "Medications may provide short-term benefit. This medication can be habit-forming and may impair function and memory more than opioid pain relievers."Treatment reports were provided from 11/13/13 - 11/18/14.

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

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

**Oxycontin 80 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with pain in the bilateral legs, bilateral buttocks, thoracic region, bilateral low back, and groin that ranges from 3-6/10 with medication and was 10/10 last month without medication, as per progress report dated 10/22/14. The request is Oxycontin 80mg # 180.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it

takes for medication to work and duration of pain relief. In this case, Oxycontin was first mentioned on progress report dated 01/08/14 and has been prescribed consistently since then. The treater, however, states in progress report dated 10/22/14, that "there is no change in pain control since the last visit." The patient is resting or reclining 50-75% of the waking day. It does not appear that the patient is benefiting from the prolonged Oxycontin prescription. Also, the four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior, for future prescription. There is no indication about the specific role of Oxycontin in pain reduction or functional improvement therefore request is not medically necessary.

**Ambien 10 mg #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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (Chronic) and Topic Zolpidem

**Decision rationale:** The patient complains of pain in the bilateral legs, bilateral buttocks, thoracic region, bilateral low back, and groin. He takes 1-2 hours to sleep after the lights are out and awakens 3 times per night on average, as per progress report dated 10/22/14. The request is for AMBIEN 10mg # 30.ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "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." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, the patient has taken Restoril, Lunesta and Seroquel in the past, as per progress report dated 10/22/14. This is the first prescription for Ambien, based on available progress reports. The patient clearly has sleep issues. However, the current request for 30 pills exceeds the 7-10 days recommended by the ODG guidelines; due to negative side effect profile therefore request is not medically necessary.