

<b>Case Number:</b>	CM14-0027258		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/13/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 and Washington. 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 68-year-old male with a reported date of injury on 02/13/2003. The mechanism of injury was due to a slip and fall. His diagnoses were noted to include right knee pain, total knee replacement, low back pain, disc desiccation, disc height loss, mild bilateral foraminal stenosis, and facet arthritis changes. His previous treatments were noted to include chiropractic care, ice, surgery, physical therapy, and medications. His medications were noted to include Ambien 10 mg one at bedtime, Depo-testosterone 200 mg every 2 weeks, Endocet 10/325 mg one every 4 hours, hydrochlorothiazide 12.5 mg one daily, levothyroxine 150 mcg one daily, losartan 50 mg one twice a day, magnesium one daily, and vitamin D3. The progress note dated 03/31/2014 revealed the injured worker complained of low back pain in the middle of his low back and it radiated to his right lateral thigh. The injured worker reportedly numbness and tingling in the feet and rated his pain 7/10 to 8/10, which came down to 3/10 with medications. With medication, the injured worker indicated he was able to golf, walk, and help with cleaning around the house. The injured worker indicated he had sleep difficulty due to pain and that Ambien was significantly helpful for that. The physical examination revealed no tenderness, edema, or effusion to the right knee. The provider revealed full extension and flexion of the right knee was to 90 degrees. The physical examination of the lumbar spine revealed he was tender in the lumbar spine and range of motion was slightly diminished in all fields. The physician indicated the injured worker had a positive sustained hip flexion and a negative straight leg raise. The neurological examination revealed deep tendon reflexes were trace and no right Achilles reflex. Motor strength was noted to be 5/5 bilaterally and sensory examination was normal for gross touch and pinprick, and there was no evidence of dermatomal deficit. The Request for Authorization form dated 02/25/2014 was for Percocet 10/325 mg one every 4 hours #180 for back pain. The Request for Authorization was not submitted within the

medical records for Ambien. The request is for Ambien 10 mg #20 with 4 refills due to sleep difficulties.

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

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

#### **AMBIEN 10MG #20 WITH 2 REFILLS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Ambien 10 mg #20 with 2 refills is non-certified. The injured worker has been utilizing this medication off and on since at least 07/2005. The Official Disability Guidelines state zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term (usually 2 to 6 weeks) treatment of insomnia. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for longterm use. 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 longterm. There was a lack of documentation regarding sleep quality, sleep duration, and how long it takes to get to sleep with the utilization of Ambien. The guidelines do not recommend Ambien for longer than 2 to 6 weeks and the injured worker has been utilizing this medication off and on since 2005. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Ambien is not medically necessary.

#### **ENDOCET 10/325MG #180: Upheld**

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

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

**Decision rationale:** The request for Endocet 10/325 mg #180 is non-certified. The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the pain was 7/10 to 8/10 without medications and 3/10 with medications. The injured worker denied side effects and indicated with medications, he was able to golf, walk, and help clean around the house. The

documentation indicated the injured worker has not shown any aberrant drug-taking behaviors; however, there is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Endocet 10/325MG is not medically necessary.

**ENDOCET 10/325 #180 (FILL ON 3/7/2014): Upheld**

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

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

**Decision rationale:** The request for Endocet 10/325 mg #180 (fill on 3/7/2014) is non-certified. The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the pain was 7/10 to 8/10 without medications and 3/10 with medications. The injured worker denied side effects and indicated with medications, he was able to golf, walk, and help clean around the house. The documentation indicated the injured worker has not shown any aberrant drug-taking behaviors; however, there is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Endocet 10/325MG is not medically necessary.

**ENDOCET 10/325MG #180 (FILL ON 4/5/2014): Upheld**

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

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

**Decision rationale:** The request for Endocet 10/325 mg #180 (fill on 4/5/2014) is non-certified. The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications

may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the pain was 7/10 to 8/10 without medications and 3/10 with medications. The injured worker denied side effects and indicated with medications, he was able to golf, walk, and help clean around the house. The documentation indicated the injured worker has not shown any aberrant drug-taking behaviors; however, there is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Endocet 10/325MG is not medically necessary.