

<b>Case Number:</b>	CM14-0090827		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/26/2003
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Occupational Medicine 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 59-year-old woman injured on 11/26/03 after being hit on the head by a falling television. She underwent cervical fusion in 2005 and developed depression due to chronic pain and swallowing difficulties from the neck surgery. She also developed low back and right lower extremity pain. There is a 2/25/14 report that indicates patient takes two Norco at a time and it lasts about 6 hours with the Duragesic patch on. Pain goes down to 6/10, and without it is 10/10. Functional activities including walking the dog 3 to 4 times a day, usually in the mornings for approximately a mile. She lives by herself and is independent with activities of daily living. House work includes doing the laundry, cleaning and cooking, but not daily. Without medication she does not think she could do this. She goes to church 1-2 times a month. She denies side effects; aberrant drug behavior and has not run out of medication. She has not lost medications and is not sharing them. That report mentions a urine drug screen. Current requesting report of 4/22/14 P.106 rates patient's pain 9-10/10 without medications down 6/10 with medications. She is getting constipation. She is taking gabapentin which is helping right leg pain, but it makes her groggy. The Lyrica worked better but this was reportedly denied. She is doing walking, cooking, cleaning and self care. Problems sleeping recently, so she was requesting something for sleep. Ambien has helped in the past. Objectively the patient had a limp ambulating; decreased patellar reflex left, decreased strength right lower extremity including dorsiflexion and plantar right foot. Diagnoses were status post C4-C5 and C5 C6 cervical fusion, August 2005; Depression due to chronic pain; swallowing difficulties since neck surgery; low back and right lower extremity pain. Treatment plan was to wean off the Wellbutrin as it was not beneficial. She is going to try decreasing the Norco to 4 a day, #120 was dispensed. #30 Duragesic were dispensed. Colace to help with her constipation. Gabapentin was dispensed. Ambien 5 mg as needed for sleep. One month follow up. Patient presented earlier on 5/14/14

stating she was having pain and she was running out of medications. She is taking extra medications. Sometimes the medication would relieve the pain and other times it would not. Patient was counseled to reminded to increase her level of function, exercising on a daily basis and working with the medication she has. Concern was expressed about continuing with the medication as authorized. Patient needed to control her pain with current medication or else she would have to slowly taper off. A 5/20/14 report indicated that the patient was in the middle of studying for a nursing test because she was going to try to get certified to go back to work. She did successfully decrease the Norco to 4 a day with the Duragesic. Pain was 6/10 to 7/10 mg and 5 or 6/10 with the Norco.

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

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

#### **Ambien 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), Treatment Index, 12th Edition (web) 2014, Pain (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, Insomnia medications.

**Decision rationale:** Both MTUS and ACOEM guidelines are silent on the treatment of insomnia. ODG guidelines recommend that treatment be based on etiology and only after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia that should be addressed include sleep onset, sleep maintenance, sleep quality and functioning. The reports do not document what type of sleep problem patient is having, whether it is difficulty falling asleep, staying asleep, or waking up early. No mention of sleep quality or next day functioning. There is no documentation of non pharmacological methods of improving sleep such as improved sleep hygiene, relaxation techniques, avoiding stimulants like caffeine, etc. Thus, based upon the evidence and the guidelines, this is not considered be medically necessary.

#### **Duragesic Patch 100mcg # 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 801-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid dose calculator <http://agencymeddirectors.wa.gov/mobile.html>.

**Decision rationale:** MTUS guidelines recommend no more than 120 MED (morphine equivalent dose) per day. Duragesic itself as accounts for twice that, 240. Although the report does document some ability to function in terms of activities of daily living, some very mild walking and some socialization, there was no documentation of any progress towards returning to work

until the patient was faced with the possibility of losing her narcotics. Overall however the patient's functional levels were low, pain relief with most medications was modest at the very best and the documentation certainly does not support the need for the elevated MED. Previous utilization review determinations submitted along with this request had been recommending tapering and weaning but no progress was made towards that until there was mention of reducing the Norco dose in this report. MTUS guidelines and the evidence in the reports does not support continued chronic use of Duragesic patch at these dosing levels, therefore, the request for Duragesic Patch 100 mcg # 30 is not medically necessary and appropriate.

**Norco 10/325mg # 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid dose calculator <http://agencymeddirectors.wa.gov/mobile.html>.

**Decision rationale:** The patient's overall function is sedentary and there has not been progress towards returning to work or increasing activity levels documented over the last 6 months of reports submitted. The documentation does include a review of the activities of daily living and there is attention to the patient's compliance, lack of diversion and overall activity levels. Urine drug screen was done but the results are not mentioned which is contrary to MTUS guidelines. There has not been mention of the pain contract recently updated. Thus, the clinical presentation does not support continued opiate use per MTUS guidelines. The patient however has been using the Norco chronically and at the time of the visit was using 6 of the 10 mg per day. Tapering and weaning is what would be supported by MTUS guidelines here and that is what was done because the report reduces the Norco to 4 a day and the patient was only given #120. Therefore, this was consistent with MTUS guidelines and based upon the evidence is considered to be medically necessary.