

<b>Case Number:</b>	CM15-0012753		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old female sustained an industrial injury on 10/7/10, with subsequent ongoing low back pain. In a PR-2 dated 11/3/14, the injured worker was status post sacroiliac joint injection with significant relief. The injured worker rated her pain 0-1/10 on the visual analog scale. Physical exam was remarkable for lumbar spine without redness, swelling, deformity or tenderness to palpation, left sacroiliac joint with tenderness to palpation, tenderness with left sheer force and compression testing, range of motion to the lumbar spine was limited due to pain and stiffness. Strength testing of major muscles innervated by the lumbar spine was 5/5 except for 4/5 for the extensor hallucis longus. Current diagnoses included peripheral neuritis, spinal stenosis of lumbar spine, lumbar spine degenerative disc disease, and acquired spondylosis of the lumbar spine without myelopathy. The treatment plan included physical therapy and continuing medications (Norco, Naproxen Sodium, Gabapentin, Ambien, and Flexeril). On 12/16/14, Utilization Review noncertified a request for Norco 10/325mg , 1 tab p.o. every 4-6 hours for pain #180 between 12/11/14-1/10/15 and Ambien 5 mg, 1 tab p.o. hour of sleep as needed #30 between 12/11/14-1/10/15 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, 1 tab p.o. hour of sleep as needed #30 between 12/11/14-1/10/15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2010, Physicians desk reference, 68th ed, www.RXList.com, Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress

**Decision rationale:** Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. On 12-1-2014, the injured worker was having increasing pain to the left sacroiliac joint and consequently having difficulty falling asleep. She was not prescribed Ambien prior to this date and was prescribed #30 during this visit. Because the medication is being used with short-term intention, Ambien 5 mg, 1 tab p.o. within hour of sleep as needed #30 between 12/11/14-1/10/15 was medically necessary.

**Norco 10/325mg, 1 tab p.o. every 4-6 hours for pain #180 between 12/11/14-1/10/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2010, Physicians desk reference, 68th ed, www.RXList.com, Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Patients prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/or the injured worker has regained employment. In this instance, questions regarding least pain, average pain, worst pain, duration of analgesia, and time to analgesia from medication from the Norco are lacking. There is no mention of functionality as it relates to the use of Norco. Therefore, Norco 10/325mg, 1 tab p.o. every 4-6 hours for pain #180 between 12/11/14-1/10/15 was not medically necessary. The treating physician should consult the appropriate guidelines for opioid weaning.