MAXIMUS Federal Services

| Case Number: | CM15-0013056 | | |
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| Date Assigned: | 01/30/2015 | Date of Injury: | 07/10/2002 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 65- year old male, who sustained an industrial injury on July 10, 2002. The diagnoses have included pain in joint involving the shoulder region, displacement of lumbar intervertebral disc without myelopathy, degeneration of the lumbar intervertebral disc, traumatic arthropathy of the shoulder region, depressive disorder, carpal tunnel syndrome, rotator cuff tear arthropathy, shoulder joint pain and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included three shoulder surgeries, pain medication, sleep medication, muscle relaxants, physical therapy with a home exercise program, an orthopedic consultation and regular monitoring. Currently, the IW complains of right shoulder pain and instability with continued constant pain, weakness and limited range of motion of both shoulders. The worker further described a recent increase in pain, decrease in range of motion and a popping sound with movement.On January 12, 2015, the Utilization Review decision non-certified a request for Ambien tablets 10mg, count 60 and Hydrocodone Acetaminophen tablets 325/10mg, count 180, noting that the documentation did not document functional improvement and there was no documentation of close monitoring including a pain contract, therefore the Hydrocodone was non-certified as the documentation did not support the guideline. The Ambien was non-certified due to the guidelines reflect this medication is not for long-term use and the documentation did not reflect that the medication was being used short term versus long-term. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 18, 2015, the injured worker submitted an application for IMR for review of Ambien tablets 10mg, count 60 and Hydrocodone Acetaminophen tablets 325/10mg, count 180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg QTY:60.00:** 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): Zolpidem, " ODG does not recommend long-term use of this sleep aid. This medication should only be used for short-term while this prescription is for continued long-term use."

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme. Decision based on Non-MTUS Citation NDA 19908 S027 FDA approved labeling 4.23.08Ambienï¿½ (zolpidem tartrate) tablets

**Decision rationale:** The applicant is a represented 65-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 10, 2012. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve a request for Norco and Ambien. The claims administrator contended that the applicant had failed to profit from ongoing usage of Norco at a rate of six tablets a day. A January 12, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a December 31, 2014 progress note, the applicant reported ongoing complaints of low back and shoulder pain. Ancillary complaints of depression were evident. The applicant was using six Vicodin daily. The applicant reported a recent flare in shoulder pain. The applicant presented to obtain refills of Norco and Ambien. The applicant was status post multiple shoulder surgeries and a right carpal tunnel release surgery. The applicant's medication list included Celexa, Norco, Neurontin, and Ambien. The applicant was still smoking half a pack a day, it was acknowledged. The applicant had "retired," it was stated. Both Norco and Ambien were refilled without much in the way of discussion of medication efficacy. Permanent work restrictions were renewed. The attending provider acknowledged that the applicant was using Celexa for depression, Neurontin for neuropathic pain and Norco six tablets daily for pain relief. In an earlier note dated October 13, 2014, the applicant again reported ongoing complaints of low back pain, shoulder pain, wrist pain with ancillary complaints of depression. The applicant reported difficulty ambulating, difficulty sleeping, difficulty bending, difficulty lifting, difficulty carrying. Ambulating even one city block was difficult, the applicant posited. Multiple medications were renewed, including Norco, Neurontin, and Ambien. REFERRAL QUESTIONS:1. No, the request for Zolpidem (Ambien), a sleep-aid, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for a period of 35 days. Here, however, the 60-tablet supply of Ambien at issue, in and of itself, represents treatment in excess of the FDA label. The

attending provider did not furnish any compelling applicant-specific rationale which would support such usage. Therefore, the request was not medically necessary.REFERENCES:1. MTUS Chronic Pain Medical Treatment Guidelines, page 7-8, Functional Restoration Approach to Chronic Pain Management section.2. Food and Drug Administration (FDA), Ambien Medication Guide.

**Hydrocodone/APAP 10/325mg QTY: 180.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain as a result of the same. Here, however, the applicant was/is seemingly off of work, although it is acknowledged that it can be a function of age-related retirement as opposed to a function of industrial injury. Nevertheless, the attending provider's reports of difficulty performing activities of daily living as basic as ambulating, lifting, bending, twisting, and carrying did not make a compelling case for continuation of Norco. The applicant was, per an October 31, 2014 progress note, was having difficulty performing activities of daily living as basic as walking greater than one city block. Therefore, the request was not medically necessary. REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.