

<b>Case Number:</b>	CM15-0018218		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	07/23/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, California  
 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 is a 76 year old female patient, who sustained an industrial injury on July 23, 2002. The diagnoses have included bilateral carpal tunnel syndrome, bilateral shoulder impingement, and bilateral knee medial compartment arthropathy and discogenic low back pain. Per the progress note dated January 15, 2015 she had complains of back pain increases due to cold weather and causing decreased function and sleep disturbance. Physical examination revealed tenderness of the lumbar region and range of motion- flexion 45degrees, extension 10 degrees and lateral bending 30 degrees; negative straight leg raising test. The current medications list includes Norco and Ambien. She has had physical therapy visits for this injury. Per the note dated 1/15/2015, she has had urine drug screen recently. This urine drug screen report was not specified in the records provided. On January 16, 2015 utilization review non-certified a request for Norco 5/325mg #30 and Ambien 10ng #30 refills 2. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 27, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Page(s): 76-80.

**Decision rationale:** Request: Norco 5/325mg #30: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. Response to other medications for chronic pain like antidepressants or anticonvulsants is not specified in the records provided. Per the note dated 1/15/2015, she has had urine drug screen recently. This urine drug screen report was not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 5/325mg #30 is not established for this patient at this time.

**Ambien 10ng #30 refills 2:** 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) Pain; Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 03/18/15) Zolpidem (Ambien).

**Decision rationale:** Request: Ambien 10ng #30 refills 2: Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which 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. There is also a concern that they may increase pain and depression over the long-term. Detailed history of insomnia since date of injury in 2002 is not specified in the records provided. A trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, Zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 refills 2 is not fully established for this patient at this time.