

<b>Case Number:</b>	CM15-0111179		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old male with an industrial injury dated 04/11/2008. The injured worker's diagnoses include chronic neuropathic pain right lower extremity secondary to trauma to the right sciatic nerve, bilateral severe arthritis of the knees, left greater than right secondary to overuse of the left knee after right lower extremity industrial injury, status post left knee replacement, physical dependence to prescribed opioids without aberrant behaviors, obstructive sleep apnea, decreased libido, and adjustment disorder with stable mood. Treatment consisted of diagnostic studies, prescribed medications, functional restorative program, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 4/16/2015, the injured worker rated current pain a 5/10, a 4/10 at best and 8/10 at worst. Physical exam revealed mild myofascial spasm in the bilateral suboccipital and cervical paraspinals. Spasms were also noted in his bilateral trapezius muscles, bilateral rhomboids, lumbar paraspinal muscles and bilateral quadratus lumborum with right greater than left. The treating physician prescribed Nucynta ER 200mg #60 and Ambien 10mg #30, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta Er 200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. The patient has been returned to his baseline treatment with Methadone and Nucynta for his chronic neuropathic pain. However, there is no evidence of significant functional improvement. Therefore, the prescription of Nucynta ER 200mg #60 is not medically necessary.

**Ambien 10mg #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long-term use to treat sleep problems. There is no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.