

<b>Case Number:</b>	CM15-0114190		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34-year-old female sustained an industrial injury to the low back and right knee on 8/29/10. Previous treatment included right knee arthroscopy, physical therapy, knee brace, lumbar sympathetic blocks and medications. In a visit note dated 4/30/15, the injured worker complained of ongoing neck, low back and right knee pain. The injured worker underwent right lower extremity lumbar sympathetic block on 1/13/15 with over 70% relief of pain. The injured worker's right knee pain had returned at the time of exam. The injured worker stated that she was unable to attend physical therapy due to pain. Physical exam was remarkable for tenderness to palpation to the right knee. The physician noted that the injured worker had been recommended for right lower extremity lumbar sympathetic blocks every two to three months as needed for pain. Current diagnoses included lower leg joint pain, psychogenic pain, shoulder joint pain, forearm joint pain, reflex sympathetic dystrophy and lumbago. The treatment plan included continuing physical therapy, scheduling a repeat sympathetic block and refilling medications (Norco, Amitriptyline, Naproxen Sodium, Spironolactone and Zolpidem).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 7.5-325mg tab #60, Refills: Unlisted: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Regarding the request for hydrocodone/APAP, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.

**Zolpidem tartrate 5mg #30, Refills: Unlisted: 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), Mental Illness and Stress - Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.