

<b>Case Number:</b>	CM15-0116085		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 57 year old female who sustained an industrial injury on January 7, 2014. She reported being assaulted, knocked to the ground, twisting her right ankle, and sustaining injuries to her neck, right shoulder, low back, and right ankle. The injured worker was diagnosed as having cervical/thoracic/lumbar spine sprain/strain, cervical and lumbar spine discopathies, right ankle sprain, and right shoulder impingement. Treatment and evaluation to date has included MRIs, x-rays, physical therapy, acupuncture, psychiatric evaluation, and medication. Currently, the injured worker complains of constant aching, throbbing, and sharp neck pain with dizziness, on and off sharp aching right hip pain, constant aching upper back pain, constant aching right shoulder pain, constant lower back pain with numbness radiating downwards to the buttocks and legs, and constant sharp, throbbing headaches. The Primary Treating Physician's report dated April 2, 2015, noted the injured worker had cervical spine tenderness with muscle spasms at C2 to C7 levels, the thoracic spine with tenderness and muscle spasms at T1 to T3 levels, the lumbar spine with tenderness and muscle spasms at L1 to L5 levels, and the right shoulder with tenderness on range of motion (ROM). The injured worker's current medications were listed as Venlafaxine, Norco, Prilosec, Ambien, and Anaprox. The treatment plan was noted to include continuation of current medications, physical therapy once a week for four weeks, and acupuncture once a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60 (retrospective DOS 4/2/15): Upheld**

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

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

**Decision rationale:** This injured worker has chronic multifocal pain. Hydrocodone has been prescribed since at least September 2014. The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there was no documentation of functional goals or return to work. It was noted that the injured worker was not working. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The documentation provided did not include a baseline level of functioning, a pain baseline, a measurable level of the current pain throughout the physician visits, the pain relief on the Norco, or the duration of pain relief with the medication. The medical documentation supplied failed to provide objective, measurable improvement in pain, improvement in functional status, or decrease need for medication or medical follow-up with the use of the Norco, nor was there documentation provided of opioid contract or any previous urine drug screening. Based on the MTUS guidelines and the documentation provided, the request for Norco 10/325 mg Qty 60 (retrospective DOS 4/2/15) is not medically necessary.

**Ambien 10 mg Qty 30 (retrospective DOS 4/2/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Zolpidem (Ambien); Insomnia treatment.

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

**Decision rationale:** Ambien has been prescribed for this injured worker for at least seven months. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be

used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. The Official Disability Guidelines (ODG) notes Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The Primary Treating Physician's reports provided failed to include any documentation of the injured worker's sleep difficulties/insomnia, or the injured worker's response to treatment. The dose of ambien (zolpidem ) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. Based on the ODG and the documentation provided, the request for Ambien 10 mg Qty 30 (retrospective DOS 4/2/15) is not medically necessary.

**Prilosec 20 mg Qty 60 (retrospective DOS 4/2/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The documentation provided noted the injured worker was on a NSAID (anaprox) and Prilosec, a proton pump inhibitor (PPI). The guidelines note that long-term PPI use increases the risk of hip fracture. The Primary Treating Physician's reports provided did not include any documentation of gastrointestinal (GI) symptoms or risk factors as the injured worker was 57 years old and was not on any concurrent ASA, corticosteroid, and/or anticoagulant, or multiple non-steroid anti-inflammatory drugs (NSAIDs). Based on the MTUS guidelines and the documentation provided, the request for Prilosec 20 mg Qty 60 (retrospective DOS 4/2/15) is not medically necessary.