

<b>Case Number:</b>	CM15-0116155		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/11/2002
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<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: Arizona, Michigan

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 68 year old male, who sustained an industrial injury on 10/11/2002. Treatment to date has included physical therapy, chiropractic therapy, medications, epidural injections and surgery. According to a progress report dated 02/02/2015, the provider noted that the injured worker was unable to tolerate recent switch to Tylenol #3 due to gastrointestinal distress and needed a pain management evaluation. There was not mention of current medication regimen. On 04/09/2015, the injured worker was seen for a pain management consultation. Primary complaints included low back pain. Pain was rated 6-6.5 on a scale of 1-10 on average with medications and a 7-8 when at worst. His current medications included Norco, Tramadol, Ambien and Aspirin. The provider assumed management of the injured worker's analgesic medications. The injured worker reviewed and signed a chronic opioid agreement. CURES report showed no evidence of doctor shopping. The injured worker admitted to use of medicinal marijuana for management of his pain but was willing to discontinue future use. According to a progress report dated 06/08/2015, the injured worker continued to experience chronic low back pain that was described as a constant pressure. He ran out of his medications 3 days prior because insurance did not authorize them and his pain was "excruciating". Pain was rated 10+ on a scale of 1-10. He was unable to garden or exercise and it was difficult for him to cook. He paid for and resumed the medications and his current pain level was 5. Tramadol ER helped provide long acting pain relief. He took 3 tablets of Norco daily for breakthrough pain. Both the Tramadol ER and Norco helped to bring his pain down from a 10+ to a 5-6 which was tolerable. He denied excessive sedation, nausea, vomiting or constipation associated with the analgesic

medications. He denied bowel or bladder incontinence. Medications enabled him to perform activities of daily living including gardening, exercising and cooking. Diagnoses included chronic low back pain, lumbar fusion at L4-5 and lumbar spondylosis at L5-S1. The provider noted that the urine drug screen was consistent with medication use and negative for alcohol, marijuana or illicit substances. This report was submitted for review and consistent. Prescriptions were given for Norco 5/325 1 tab every 6 hours as needed for pain (max 3/day) (#90), Tramadol ER 200mg every day as needed for pain (#30), and Ambien 12.5mg every bedtime as needed for insomnia (#30). A second prescription for Norco, Tramadol and Ambien was provided with a "do not fill until 07/06/2015". Currently under review is the request for Norco 5/325mg Qty. 70, Tramadol ER 200mg Qty. 30, Ambien 12.5mg Qty. 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg Qty. 70: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The treating physician did not document the least reported pain over the period since the last assessment, how long it takes for pain relief and how long pain relief lasts. These are necessary to meet MTUS guidelines. As such the request for Norco 5/325mg Qty. 70 is not medically necessary.

**Tramadol ER 200mg Qty. 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that the practitioner should perform ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts improvement in pain and improvement in function. CA MTUS guidelines state that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam.

The treating physician did not document the least reported pain over the period since the last assessment, how long it takes for pain relief and how long pain relief lasts. These are necessary to meet MTUS guidelines. As such, the request for Tramadol ER 200mg Qty. 30 is not medically necessary.

**Ambien 12.5mg Qty .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 Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

**Decision rationale:** CA MTUS Guidelines do not address Ambien. The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. According to documentation, the injured worker has been prescribed Ambien dating back to 04/09/2015. The provider does not address complaints of insomnia and improvements with treatment. Guidelines recommend short term use. As such the request for Ambien 12.5mg Qty. 30 is not medically necessary.