

<b>Case Number:</b>	CM15-0118014		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/21/1998
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, New York, California  
 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 applicant is represented 50-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 21, 1998. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve requests for MS Contin, Norco, and Ambien. The claims administrator referenced a May 12, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an RFA form dated April 13, 2015, Norco, Ambien, and trigger point injections were endorsed. The applicant was described as permanent and stationary on the RFA form itself. On a progress note dated May 12, 2015, the applicant reported severe neck pain complaints. The applicant had apparently run out of medications four days ahead of schedule. The applicant went to Emergency Department; it was suggested, alleging an allergic reaction. 10/10 pain without medications versus 0/10 pain with medications was reported. The applicant had received both trigger point injections and epidural steroid injections earlier, it was acknowledged. The applicant did have comorbidities including diabetes and hypertension. The applicant was on insulin, glipizide, Benadryl, Soma, Tenormin, morphine, metformin, Zestoretic, Lidoderm patches, Levoxyl, Keppra, Protonix, prednisone, albuterol, Xarelto, Ambien, and sulfasalazine, it was reported. The applicant had undergone failed cervical lumbar spine surgery, it was reported. The applicant was not employed; it was reported in the social history section of the note. Trigger point injections were performed under ultrasound guidance while morphine and Norco were renewed. An early note of April 13, 2015 was also notable for comments that the applicant was not employed. The applicant alleged issues with allergic reaction, which he attributed to indwelling fusion hardware.

10/10 pain without medications versus 0/10 with medications was reported. The applicant stated that his pain was constant, burning, and tingling. Morphine, Norco, and permanent work restrictions were again endorsed, while trigger point injections were performed.

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

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

**MS Contin 60mg QTY: 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for MS Contin, a long-acting opioid was not medically necessary, medically appropriate or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. The applicant was not working with permanent limitations in place, as suggested on multiple progress notes of mid-2015, referenced above. The applicant continued to report constant, severe, burning and tingling pain despite ongoing medication consumption. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

**Norco 10mg/325mg QTY 180.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on progress notes of April and May 2015, referenced above. The applicant was not working with permanent limitations in place. The applicant continued to report constant and severe pain, the treating provider suggested, despite ongoing Norco usage. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Ambien CR 12.5mg QTY: 120.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation.

**Decision rationale:** Finally, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term of insomnia, for up for 35 days. Here, the 120-tablet supply of Ambien at issue, in and of itself, represents treatment in excess of the FDA label. The attending provider failed to furnish a compelling rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.