

<b>Case Number:</b>	CM15-0118138		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/28/1996
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/26/2015
<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: California

Certification(s)/Specialty: Family Practice

### 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 72 year old male, who sustained an industrial injury on 7/28/96. Initial complaints were not reviewed. The injured worker was diagnosed as having Atrial Fibrillation, Aneurysm of artery lower extremity; hypertension; inferior myocardial infarction; coronary artery disease/atherosclerosis native coronary vessel; paroxysmal ventricular tachycardia; esophageal reflux; other chest pain; peripheral vascular complications; sick sinus syndrome; nonspecific abnormal EKG; hemorrhage of gastrointestinal tract; transischemic attack; left lower back pain; high cholesterol; obstructive sleep apnea; nephrolithiasis; claustrophobia; headache. Treatment to date has included medications. Currently, the PR-2 notes dated 5/12/15 do not have any medical information relevant to the requested medications Vicodin 5/325mg #90 and Ambien 5mg #30. Prior notes and most current PR-2 is dated 3/9/15. The injured worker was being seen as a cardiology evaluation and presents with chief complaints of atrial fibrillation. His cardiac history is relevant for ablating his atrial fibrillation several times but he remains in atrial fibrillation at this time. In 2014 a third lead was placed with pacer to regulate following AV node ablation and BIV pacer. He is able to climb stairs and golf in a cart. On physical examination the provider notes "atrial fibrillation - AV node ablation; pacer dependent and has regular interrogation Pacer's counters show 99.6% ventricular pacing, 69% atrial high rate burden (atrial fibrillation without rapid conduction by stored electrogram) and no ventricular high rates. Appropriate, sensor-controlled rate histogram. No changes in treatment settings." He has "hypertension/blood pressure runs a bit too high for prevention and will increase Norvasc to 10 toprol to 100 one a day. Needs a repeat echo prior to next visit." On two separate fax cover

sheets, the provider has requested authorization for Vicodin 5/325mg #90 and Ambien 5mg #30. The fax cover sheet notes that the dosage of Ambien has been decreased.

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

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

**Vicodin 5/325 QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, History and Physical Examination Page(s): 74-96, 6.

**Decision rationale:** Per the MTUS guidelines, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. In this case, the medical records do not establish medical records and examination narrative to support the requested medication. The request for Vicodin 5/325 QTY: 90.00 is therefore not medically necessary and appropriate.

**Ambien 5mg QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Per the MTUS guidelines, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. In this case, the medical records do not establish medical records and examination narrative to support the requested medication. In addition, Ambien is supported for short-term use only, and a fax cover sheet states that dosage of Ambien has been reduced which would indicate this medication has been prescribed for an extended period of time. The request for Ambien 5mg QTY: 30.00 is therefore not medically necessary and appropriate.