

<b>Case Number:</b>	CM15-0121025		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 a represented 56-year-old who has filed a claim for chronic low back, neck, and shoulder pain with derivative complaints of reflux, depression, and insomnia reportedly associated with an industrial injury of January 28, 2004. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Ambien and morphine. The claims administrator referenced an RFA form received on May 27, 2015 and an associated progress note of May 13, 2015 in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported ongoing complaints of neck pain. The applicant was deemed permanently and totally disabled. Motrin, Flexeril, Prilosec, and Ativan were endorsed while the applicant was seemingly kept off of work. Ancillary complaints of back and shoulder pain were also reported, often as high as 6-8/10. On March 6, 2015, the applicant again reported 6-8/10 neck, upper extremity, and low back pain complaints. Opana extended release, Motrin, Flexeril, Prilosec, Ativan, and Ambien were endorsed. It was stated that the applicant was using Ambien for issues with insomnia secondary to chronic pain and depression. Ativan was being employed for anxiolytic effects, it was reported. The applicant was again described as permanently and totally disabled and precluded from any form of gainful employment, it was reported. On April 24, 2015, the applicant again reported multifocal neck, back, arm, and shoulder pain, 6-8/10. The applicant reported difficulty reaching overhead. The applicant did report associated issues with depression and insomnia, progressively worsened over time. Opana, Motrin, Flexeril, omeprazole, Ativan and Ambien were endorsed at this point. On May 12, 2015, the applicant again presented with multifocal neck, back, shoulder, wrist, ankle, and foot pain with ancillary complaints of insomnia and depression, 6-8/10.

Immediate release morphine sulfate, Motrin, Flexeril, Prilosec, Ativan and Ambien were endorsed. The attending provider stated that the applicant would be bedridden without her medications. The attending provider stated that the applicant's medications were reducing her pain complaints by 50%. The attending provider seemingly framed the request for morphine sulfate immediate release as an extension or renewal request. Once again, the applicant was deemed permanently and totally disabled from any gainful employment, it was reported.

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

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

**Ambien 5mg #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.

**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 U.S. Food and Drug Administration.

**Decision rationale:** Pages 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 a 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 treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for what appeared to be a minimum of several months. The attending provider failed to furnish a rationale for continued usage of Ambien in the face of the unfavorable FDA position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate sedative agents, Ambien and Ativan. Therefore, the request is not medically necessary.

**Morphine sulfate IR 10mg #90:** Upheld

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

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

**Decision rationale:** 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 and had been deemed disabled from any and all gainful

employment; it was reported on May 12, 2015 and on April 24, 2015. The applicant continued to pain complaints as high as 6-8/10, despite ongoing opioid usage, including ongoing morphine sulfate usage. The attending provider failed to outline meaningful, material improvements in function (if any) affected as a result of ongoing morphine sulfate usage. The attending provider's commentary to the effect that the applicant would be bedridden without her medications did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing morphine usage and was, furthermore, outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.