

<b>Case Number:</b>	CM15-0121262		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	10/11/2002
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/19/2015
<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, Florida, 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 injured worker (IW) is a 68 year old male who sustained an industrial injury on 10/11/2002. He reported injury to the lumbar spine. The injured worker was diagnosed as having chronic low back pain, Lumbar fusion at L4-5, and lumbar spondylosis at L5-S1. Treatment to date has included various rounds of physical therapy, chiropractic therapy, medications, epidural injections and surgery. He had a L4-5 interbody fusion and laminectomy on 10/27/2003. The lumbar surgery resolved his radiculopathy symptoms, but his lower back pain persists. Currently, the injured worker complains of chronic low back pain described as constant pressure with no radiation of the pain, no numbness and no tingling. His pain is rated as a 7.5/10, and he denies any changes in the pain since his last visit. The worker takes tramadol ER for long acting pain relief, and he takes Norco daily for breakthrough pain. Bothe Tramadol ER and Norco help bring his pain down from a 10+/10 to a 5-6/10 which is tolerable. He denies side effects. The medications enable him to perform activities of daily living. On exam he is mildly depressed, does not appear over medicated and appears to be in mild discomfort. There is no significant tenderness to palpation to lumbar paraspinal muscles. Lumbar spine testing shows mild limitation in flexion and extension, and neurologically there is decreased sensation over the dorsum of the right foot and toes. Lower extremity strength and pulses are normal. His urine drug screen reflects presence of prescribed drugs and no others. Medications include Norco, Tramadol ER, and ambien. The treatment plan includes continuation of his current medications. A request for authorization is made for the following: Norco 5/325 MG Qty 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2002. He reported injury to the lumbar spine. The injured worker was diagnosed as having chronic low back pain, Lumbar fusion at L4-5, and lumbar spondylosis at L5-S1. Treatment to date has included various rounds of physical therapy, chiropractic therapy, medications, epidural injections and surgery. He had a L4-5 interbody fusion and laminectomy on 10/27/2003. There is still chronic low back pain. The medicines subjectively bring his pain down from a 10+/10 to a 5-6/10. The medications enable him to perform activities of daily living but there is no detailed objective functional improvement from the past opiate usage. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Ultram ER 200 MG Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

**Decision rationale:** worker was diagnosed as having chronic low back pain, Lumbar fusion at L4-5, and lumbar spondylosis at L5-S1. Treatment to date has included various rounds of physical therapy, chiropractic therapy, medications, epidural injections and surgery. He had a L4-5 interbody fusion and laminectomy on 10/27/2003. There is still chronic low back pain. The

medicines subjectively bring his pain down from a 10+/10 to a 5-6/10. The medications enable him to perform activities of daily living but there are no detailed on objective functional improvement. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

**Ambien 12.5 MG 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), Zolpidem.

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

**Decision rationale:** As shared prior, this claimant was injured in 2002. He reported injury to the lumbar spine. The injured worker was diagnosed as having chronic low back pain, Lumbar fusion at L4-5, and lumbar spondylosis at L5-S1. Treatment to date has included various rounds of physical therapy, chiropractic therapy, medications, epidural injections and surgery. He had a L4-5 interbody fusion and laminectomy on 10/27/2003. There is still chronic low back pain. The medicines subjectively bring his pain down from a 10+/10 to a 5-6/10. The medications enable him to perform activities of daily living but there are no detailed on objective functional improvement. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long-term usage. The guides note that 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. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long-term usage. The medicine is not medically necessary.