

<b>Case Number:</b>	CM15-0123732		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	07/27/1998
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 75 year old male who sustained an industrial injury on 07/27/1998. Current diagnoses include post laminectomy syndrome-lumbar, degenerated disc disease-lumbar, lumbar facet arthropathy, and muscle spasm. Previous treatments included medications, epidural steroid injection, back surgery, and home exercise program. Report dated 06/02/2015 noted that the injured worker presented with complaints that included ongoing, severe pain, unchanged. Pain level was 5 (good day) and 7 (bad day) out of 10 on a visual analog scale (VAS). Current medications include Oxycontin, Ambien, Zanaflex, and Cymbalta. Physical examination was positive for diffuse tenderness in the lumbar/sacral area and antalgic gait. The treatment plan included renewing medications which included Oxycontin, Ambien, and Zanaflex, continue home exercise program, and follow up in 4 weeks. It was noted that the Oxycontin provides good pain control and function, medication provides 80% relief, and he is able to walk, drive, do house work, and increased distance while walking. Work status is permanent and stationary. Documentation supports that the injured worker has been prescribed Oxycontin and Ambien since at least 01/09/2015, and there has been no change in the dosage or frequency for the use of these medications. Disputed treatments include Ambien and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The California MTUS does not address Ambien. The Official Disability Guidelines (ODG) state that "Ambien (zolpidem) is approved for short term use, usually 2-6 weeks, treatment of insomnia, and should be used for only a short period of time." The medical records submitted supports that the injured worker has been using Ambien since at least 01/09/2015. The ODG states that Ambien should be used for only a short period of time. Furthermore there is no documentation to support sleep difficulty or insomnia. Therefore the request for Ambien 10 mg, #20 is not medically necessary.

**Oxycontin 20mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids for Chronic pain, Weaning of Medications, Opioids specific drug list Page(s): 74-96.

**Decision rationale:** According to the California CA MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The MTUS also states that opioids for chronic back pain appears to be efficacious but limited for short term pain relief, and long-term efficacy is unclear, but also appears to be limited. The documentation submitted for review supports that the injured worker has functional improvement with the use of Oxycontin, but the recommended guidelines do not support long-term use of Oxycontin for chronic back pain. Also there were no prior urine drug screenings, opioid contract, or CURES reports to support compliance with the use of the prescribed medications. Therefore the request for Oxycontin 20 mg, #120 is not medically necessary.