

<b>Case Number:</b>	CM15-0124947		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 38-year-old male who sustained a work related injury December 30, 2011. While working as a detention officer and separating two fighting individuals, he was struck in the left hand causing a dislocation of his left small digit and he also felt a popping sensation in the right hamstring muscle, and a sensation of warmth in his lower back. Past history included acid reflux and a left knee procedure 2002. Electrodiagnostic studies performed in July, 2013, revealed lumbar radiculopathy L5-S1 nerve roots on the right. In July of 2014, he was complaining of intermittent low back pain and tenderness, noted as an exacerbation of a low back condition after a trip. Diagnoses were lumbar spine sprain/ strain; digit injury; shoulder sprain/strain. He received 12 sessions of physical therapy. According to a primary treating physician's progress report, dated June 19, 2015, the injured worker presented as stable with lumbar and right shoulder strain. Objective findings are documented as unchanged. Diagnoses are lumbar sprain/strain; digit injury; shoulder sprain/strain. At issue, is the request for authorization for Tylenol #3 and Ambien. Work status; return to full duty, wearing running shoes for better back support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 one (1) q4-6hrs prn #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The documentation available for review does not satisfy the requirements of the MTUS guidelines for ongoing use of opioids. Furthermore, there is no documentation to suggest a benefit to ongoing use of opioids, and chronic use of opioids may risk greater harm than good. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.

**Ambien 10mg two (2) QHS #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter - Insomnia Treatment.

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

**Decision rationale:** The request is for Ambien, the trade name for zolpidem, which is a non-benzodiazepine sedative/hypnotic used for treatment of insomnia. California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem may be considered for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is of greater importance, is critical to the individual with chronic pain, and is often difficult to obtain. Various medications may provide short-term benefit, but long-term harm. While sleep aids and anti-anxiety agents are commonly prescribed in the setting of chronic pain, they are not recommended for long-term use. They can be habit-forming and may impair function and memory more than opioid pain relievers. According to the submitted medical records, there is no clear documentation of insomnia or sleep disturbance. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines. Furthermore, the injured worker appears to have been prescribed Ambien for far longer than the recommended maximum duration. The medical benefit is greatly outweighed by the risk of ongoing use. The request as written is not medically necessary.