

<b>Case Number:</b>	CM15-0126223		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, Michigan

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 is a 40 year old male, who sustained an industrial injury on 10/11/2006. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having chronic back pain with radicular symptoms, comorbid obesity, history of gastric bypass, chronic dermatitis, hyperlipidemia, gastroesophageal reflux disease, and nonindustrial depression and anxiety disorder. Treatment and diagnostics to date has included lumbar spine MRI which showed disc herniation at L5-S1 entrapping the left S1 nerve root and sacralization of the L5-S1 segment, psychotherapy, diet and exercise regimen, appropriate urine drug screens per treating physician, and medications. In a progress note dated 05/21/2015, the injured worker presented with complaints of severe back pain, muscle spasms, shooting pain down his right leg, and depression. The injured worker rated his pain 8/10, at best 4/10 with medications and 10/10 without them. He reports a 50 percent reduction in pain and 50 percent functional improvement with activities of daily living with the medications versus not taking them at all. Objective findings include use of cane for ambulation, antalgic posture, and sensory loss to light touch and pinprick in the left lateral calf and bottom of foot. The treating physician reported requesting authorization for Ambien and Dilaudid or Hydromorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ambien 10mg #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), Pain, Zolpidem (Ambien); Mental Illness & Stress Chapter, Zolpidem (Ambien).

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

**Decision rationale:** Regarding the request for Zolpidem (Ambien), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) recommends that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or mental illness....the specific component of insomnia should be addressed: sleep onset, sleep maintenance, sleep quality, and next day functioning." The treating physician noted use of Ambien for insomnia due to pain, but no discussion regarding how frequently the insomnia complaints occur, how long the insomnia has been occurring, what other treatments have been attempted, or how the injured worker has responded to Ambien treatment. In addition, according to the medical records, the injured worker has been prescribed Ambien since at least 04/23/2015. Therefore, the request for Zolpidem (Ambien) is not medically necessary.

### **Dilaudid or Hydromorphone 4mg #45: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids; Dilaudid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage unless there is evidence of "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." The treating physician documented the least reported pain over the period since last assessment, average pain, and improvement in function by noting the ability to perform activities of daily living. It appears that the injured worker is benefiting from the use of Dilaudid, therefore the request for Dilaudid or Hydromorphone 4mg #45 is medically necessary.