

<b>Case Number:</b>	CM15-0173474		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury on 6-8-09. Documentation indicated that the injured worker was receiving treatment for lumbar spine pain. Previous treatment included physical therapy and medications. Magnetic resonance imaging lumbar spine (7-27-15) showed herniated nucleus pulposus at L3-4 and L4-5. Urine drug screen (5-8-15) was consistent with prescribed medications. In a PR-2 dated 5-21-15, the injured worker complained of increasing low back pain with radiation to the right lower extremity, rated 9 out of 10 on the visual analog scale. The injured worker reported that Tramadol was not helping her pain. The injured worker had not been able to sleep. The injured worker was requesting stronger pain medications and medication for sleep. The injured worker had been working her regular job. Physical exam was remarkable for lumbar spine with mild tenderness to palpation, range of motion decreased by about 20% and normal reflex, sensory and power testing to bilateral upper and lower extremities except for mild numbness on the right L5 distribution. The injured worker walked with a slightly antalgic gait and could heel-toe walk bilaterally. The treatment plan included refilling medications, magnetic resonance imaging lumbar spine and physical therapy twice a week for four weeks. In a PR-2 dated 8-13-15, the injured worker reported that her low back pain with radiation to the right lower extremity and buttocks was better. The injured worker rated her pain 9 out of 10 without medications and 6 to 7 out of 10 with medications. The injured worker reported that she had been having muscle spasms in the low back, which were reduced with the muscle relaxer. The injured worker stated that she used Norco rarely and only for severe pain. The injured worker stated that physical therapy was helping. Physical exam was remarkable for

was unchanged. The treatment plan included refilling medications (Ambien and Norco) and continuing with physical therapy. On 8-24-15, Utilization Review noncertified a request for Norco 10-325mg #90 and Ambien 5mg #30.

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

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.

**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, Pain.

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

**Decision rationale:** The Official Disability Guidelines comment on the use of medications to treat insomnia, including the use of Ambien. These guidelines recommend that treatment be based on the etiology, with the medications recommended below. 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 medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Regarding the use of Ambien, these guidelines state that it is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, there is insufficient documentation to indicate that there has been an investigation for the etiology of this patient's sleep disorder. Further, there is insufficient documentation that psychiatric and/or medical illnesses have been addressed. The duration of use of Ambien extends beyond the recommendations for short-term use. Finally, there is insufficient documentation that the following has been addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. For these reasons, Ambien 5mg #30, is not considered as medically necessary.