

<b>Case Number:</b>	CM15-0175934		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, 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:

The injured worker is a 61 year old female, who sustained an industrial injury on February 11, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spine sprain and strain, cervical disc herniations, cervical paraspinal muscle spasms, cervical radiculitis, radiculopathy of the upper extremities, lumbar sprain and strain, lumbar paraspinal muscle spasms-disc herniation, lumbar radiculitis, radiculopathy of lower extremities, sacroiliitis of the bilateral sacroiliac joint and chronic pain. Treatment to date has included diagnostic studies, injection and medication. A cervical epidural injection, bilateral transforaminal lumbar epidural steroid injection and a left sacroiliac joint injection all provided 50% improvement for about six to eight weeks. On July 15, 2015, the injured worker complained of progressive limited range of motion to the neck associated with severe muscle spasms. The pain was rated as an 8 on a 1-10 pain scale most of the time with flare ups reaching a level of a 9 towards the end of the day or with moderate activity. The injured worker also complained of gastritis and insomnia. The treatment plan included a bilateral sacroiliac joint injection under fluoroscopy guidance, Norco, Omeprazole and Ambien. A request was made for Norco 10-325mg #60, Ambien 10mg #30 and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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, criteria for use, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 yrs. in combination with NSAIDS without significant improvement in pain or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**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), 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 and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

**Urine drug screen:** 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, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.