

<b>Case Number:</b>	CM15-0178461		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/17/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old male with an industrial injury dated 09-17-2002. Medical record review indicates he is being treated for lumbago, low back pain and radiculitis-lumbar and thoracic. The injured worker presents on 07-17-2015 with complaints of chronic low back pain. Lumbar epidural steroid injection was done "about four months ago and it worked very well, markedly reducing pain." "However, it is starting to wear off with pain resuming." He was complaining of increased pain in sole of foot on left with numbness in toes 3-5. Activities of daily living are documented as he was unable to cook, unable to do laundry, and unable to garden. Activities of daily living that he could do are documented as bathe, shop, dress, manage medication, drive and brush his teeth. The pain rating is documented as 8 out of 10 with medication and 10 out of 10 without medication. His medications were documented as Motrin (at least since 03-09-2015) Ambien (at least since 02-18-2015), Methadone (at least since 02-18-2015) and Norco (at least since 02-18-2015). His most recent urine drug screen was dated 07-17-2015. In the 06-11-2015 note, the provider documents "patient is stable with his current pain medication management." "Patient denies any side effects or impairment." "Patient does not display any aberrant behavior." Work status is documented as permanently disabled. Physical exam is documented as "in distress secondary to pain." Lumbar spine exam was documented as "tender at lumbar spine, tender at facet joint, decreased flexion, decreased extension and positive straight leg raise - left." Prior treatments included medications and epidural steroid injection. The treatment request is for: Norco 10-325 mg, #180. Motrin 400 mg, #90. Methadone 10 mg, #75. Ambien 10 mg, #30. On 08-05-2015 utilization review issued the following decision: Norco 10-325 mg, #180 - modified to Norco 10-325 mg 120 tablets. Motrin 400 mg, #90 - non-certified.

Methadone 10 mg, #75 - modified to Methadone 10 mg 50 tablets. Ambien 10 mg, #30 - non-certified.

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

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

**Motrin 400mg, #90: Overturned**

**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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits. Additionally, no intolerable side effects were reported. It is acknowledged, that there should be better documentation of objective functional improvement specifically as a result of this medication. However, a one-month prescription, as requested here, should allow the requesting physician time to better document that. As such, the currently requested Motrin is 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) Chapter: Pain (Chronic) 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) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

**Norco 10/325mg, #180: Overturned**

**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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of objective functional improvement specifically as a result of this medication. However, a one-month prescription, as requested here, should allow the requesting physician time to better document that. In light of the above, the currently requested Norco is medically necessary.

**Methadone 10mg, #75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Regarding the request for Methadone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of objective functional improvement specifically as a result of this medication. However, a one-month prescription, as requested here, should allow the requesting physician time to better document that. In light of the above, the currently requested Methadone is medically necessary.