

<b>Case Number:</b>	CM15-0061457		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, New York, California  
 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:

Claim for chronic low back, mid back, and groin pain with derivative complaints of insomnia reportedly associated with an industrial injury of November 22, 2011. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for Norco, Naprosyn, and Ambien. The claims administrator referenced an order form dated February 23, 2015 in its determination, along with various other progress notes of early 2015 and late 2014. The applicant's attorney subsequently appealed. On January 13, 2015, an orthopedic consultation was proposed. On December 17, 2014, the applicant reported ongoing complaints of hip pain. The applicant's BMI was 30, it was incidentally noted. The attending provider suggested that the applicant follow up when and if he was interested in pursuing a total hip replacement. On December 15, 2014, the applicant reported ongoing complaints of low back, hip, and groin pain with ancillary issues including insomnia. The applicant's medication list included Cymbalta, morphine, Naprosyn, Norco, Skelaxin, and Ambien, it was incidentally noted. The applicant stated that bending, twisting, changing positions, lying down, and squatting remain problematic. MS Contin, Norco, Cymbalta, and functional restoration program were proposed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. The applicant was given various medication refills, including Norco, morphine, Cymbalta, Skelaxin, Naprosyn, and Ambien. On February 28, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was on Ambien for insomnia. The applicant stated that his insomnia was worse. The applicant was having difficulty performing home exercises and household chores, it was reported. The attending provider stated that the applicant was using Norco and Motrin in one

section of the note. 8-9/10 pain complaints were reported. The applicant was placed off of work, on total temporary disability. In a RFA form dated February 23, 2015, morphine, Norco, Naprosyn, and Ambien were all sought.

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

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

**Norco 10/325 MG 1 Tab Twice Daily #60 Prescribed 2/23/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work as of the date of the request, February 23, 2015, on total temporary disability. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and household chores, as reported on February 25, 2015. The applicant's pain complaints were in 8-9/10 range, it was reported on that date. The attending provider did not comment or, identify any quantifiable decrements in pain or meaningful commentary improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Naproxen 250 MG, 1 Tab Twice Daily #60 with 1 Refill Prescribed 2/23/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider's February 23, 2015 progress note suggested that the applicant had a history of previous ulcers and was having issues with epigastric pain. The attending provider stated that the applicant had ceased using NSAID toward the top of the report. Somewhat incongruously, a RFA form dated February 23, 2015 suggested that the applicant continue Naprosyn. No rationale for usage of Naprosyn was furnished. It was further noted that the earlier note of February 23, 2015 suggested that the

applicant was already using another NSAID medication, Motrin. It was not clearly established why two anti-inflammatory medications, Motrin and Naprosyn, were prescribed, particularly in light of the applicant's history of ulcers and/or ongoing complaints of dyspepsia and epigastric pain. Therefore, the request is not medically necessary

**Zolpidem 10 MG, 1 Tab at Bedtime #30 with 1 Refill Prescribed 2/23/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration indications and usage: Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** Finally, the request of zolpidem (Ambien), a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administrator (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the 30-tablet, 2-refill supply of Ambien at issue, in and of itself, represents treatment in excess of FDA parameters. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request is not medically necessary.