

<b>Case Number:</b>	CM15-0067663		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on March 16, 2009. Diagnoses include discogenic syndrome of the cervical spine, carpal tunnel syndrome, discogenic syndrome of the lumbar spine, shoulder pain and urinary incontinence. Treatment to date has included epidural steroid injections, cervical fusion, medications, Transcutaneous electrical nerve stimulation (TENS), knee braces, physical therapy, and lumbar laminectomy. Work status in August 2014 was noted to be temporarily totally disabled. Ambien was noted to be utilized in 2011. Medications from August 2014 to March 2015 include norco, Neurontin, ambien, Detrol, prevacid, oxycontin, lyrica, soma, Cymbalta, Lidoderm, Colace, and Ativan. Valium was listed as prescribed in January 2015. A urine drug screen on 3/2/15, the date of an office visit, was not consistent with prescribed medications, with positive results for temazepam and oxazepam. Currently, the injured worker complains of headache, neck pain and backache. She reports that bilateral leg pain has improved after recent epidural blocks and she has radicular pain to the right arm. She reports right shoulder pain and urinary incontinence. On 3/2/15, the physician documented that the injured worker's pain is getting more severe and she is having some numbness in the right arm and leg, and that an increase in medication was needed. Treatment plan includes computed tomography (CT) of the lumbar spine, epidural steroid injections, surgical consultation for the cervical spine, topical pain cream, and continuation of medications to include Norco, Ambien, OxyContin and Soma. Work status in March 2015 was noted to be temporarily totally disabled. On 3/12/15, Utilization Review (UR) non-certified

request for ambien 10 mg #30, and modified requests for norco 10/325 #120, oxycontin 40 mg #120, and soma 350 mg #120 to allow for one month for weaning, citing the MTUS and ODG.

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

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

**Norco 10/325mg quantity 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back, neck and arm pain. Norco and oxycontin have been prescribed since at least August 2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. At the most recent visit, pain was noted to be getting more severe. Work status has remained temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. A urine drug screen on 3/2/15, performed on the date of an office visit rather than randomly as recommended by the guidelines, was positive for two benzodiazepines which were not noted to be prescribed. No other urine drug screens were submitted. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Oxycontin 40mg quantity 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): p. 74-96.

**Decision rationale:** This injured worker has chronic back, neck and arm pain. Norco and oxycontin have been prescribed since at least August 2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. At the most recent visit, pain was noted to be getting more severe. Work status has remained temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. A urine drug screen on 3/2/15 performed on the date of an office visit rather than randomly as recommended by the guidelines, was positive for two benzodiazepines which were not noted to be prescribed. No other urine drug screens were submitted. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Soma 350mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for at least six months and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result

of Soma. Pain was recently noted to be more severe, and work status remains temporarily totally disabled. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to length of use not in accordance with the guidelines and lack of functional improvement, the request for soma is not medically necessary.

**Ambien 10mg quantity 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Officially Disability Guidelines Integrated Treatment/Disability Duration Guidelines.

**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 chapter: insomnia treatment, ambien.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. An internal medicine report from August 2014 summarizing prior treatment notes that the injured worker complained of sleeping problems due to pain, and that Ambien was prescribed in late 2011. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. It is recommended for short-term use only. The Official Disability Guidelines citation recommends short-term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. This injured worker has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Due to length of use in excess of the guidelines and insufficient evaluation of sleep disturbance, the request for Ambien is not medically necessary.