

<b>Case Number:</b>	CM15-0073510		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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 61-year-old female, who sustained an industrial injury on 03/19/2003. She has reported injury to the bilateral knees and low back. The diagnoses have included lumbosacral spondylosis without myelopathy; lumbosacral sprain; chronic pain syndrome; status post percutaneous discectomy/nucleoplasty at L5-S1; and status post right total knee replacement, revision with neuropathic pain. Treatment to date has included medications, diagnostics, H-wave unit, injections, physical therapy, and surgical intervention. Medications have included Dilaudid, Zolof, and Rozarem. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of no improvement of her low back pain; the low back pain radiates to her anterior thigh and right leg with intermittent flare-ups; still able to walk for ten minutes before pain provocation. There is no documentation of any pain assessment. No assessment for abuse or side effects. Objective findings included paralumbar tenderness; lumbar paraspinal spasm; tailbone tenderness; residual bilateral sacroiliac joint tenderness; straight leg raising test is positive on the right and the left; tenderness over the scar of the right knee; mild swelling and decreased warmth on the right knee; and mild allodynia is noted. Provider has not documented anything concerning insomnia or sleep problem. There is no rationale as to why Rozerum was prescribed. The treatment plan has included the request for 2 prescriptions Dilaudid 4mg #84; 30 Zolof 100mg with 2 refills; and 30 Rozarem 8mg with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Prescriptions Dilaudid 4mg #84: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone, on going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Dilaudid/Hydromorphone is a potent opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. Patient has noted persistent deficits and severe pain. Provider has no long-term plan documented concerning failure of opioid therapy. Patient has not been approved for dilaudid by UR for months but provider continues to inappropriately prescribe dilaudid and patient is self-procuring it. The continued use of a potent opioid with no documentation of any benefit in pain or function is not appropriate. Dilaudid is not medically necessary.

**30 Zoloft 100mg with 2 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-16.

**Decision rationale:** Zoloft is an SSRI (selective serotonin reuptake inhibitor) antidepressant. As per MTUS Chronic pain guideline, antidepressants for chronic and neuropathic pain may be considered. Tricyclic antidepressants are considered 1st line and SNRIs are considered 2nd line. SSRIs are considered 3rd line and has poor evidence to show efficacy in chronic pain or neuropathic pain. It has been shown to have no effect in low back pain. MTUS guideline requires documentation of treatment efficacy, which include evaluation of function, changes in analgesic use, sleep and psychological assessment. The provider has failed to document anything to support use of Zoloft. There is no appropriate documentation as to why a 3rd line medication is being used and there is no appropriate documentation of efficacy. Zoloft is not medically necessary.

**30 Rozerem 8mg with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Rozerem is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no nothing documented in months of progress notes documenting anything about sleep problems or insomnia. Patient has been on this medication chronically with no documentation or any benefit or appropriate monitoring. This prescription with multiple refills is completely inappropriate and fails to monitor patient for safety or efficacy as required by MTUS guidelines. Continued use of Rozerem is not medically necessary.