

<b>Case Number:</b>	CM15-0073687		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/23/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/17/2015
<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: Physical Medicine & Rehabilitation

### 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 60 year old male who sustained a work related injury July 23, 2001. Past history included s/p right knee arthroscopy August 2005 and May 2007, s/p lumbar spine disc excision and fusion L4-5. According to a primary orthopedic treating physician's progress report, dated February 10, 2015, the injured worker presented with complaints of constant pain in his lower back, rated 9/10, worsening, with radiation to the bilateral lower extremities. He also complains of right knee pain, described as aching, throbbing and hot, rated 10/10. The right knee locks up on him and the left knee gives out. Diagnoses are documented as lumbar bulging disc 2mm at L5-S1; depression; chest pain. Treatment plan included recommendation of TENS unit, medication and at issue, a request for Ambien, Norco, Soma, and Zantac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 02/10/15 with lower back pain rated 9-10/10 which radiates into the bilateral lower extremities. The patient also complains of right knee pain rated 10/10 and associated instability of the right lower extremity. The patient's date of injury is 07/23/01. Patient is status post lumbar disc excision and fusion at L4-L5 levels on 10/11/04, right knee arthroscopy on 08/25/05, and right knee partial medial lateral meniscectomy on 04/17/07. The request is for NORCO 10/325MG QTY 120 (1 TAB 3X DAILY). The RFA is dated 02/10/15. Physical examination dated 02/10/15 reveals tenderness to palpation of the lower thoracic and lumbar paraspinal muscles from T12 through S1, and positive straight leg raise test at 40 degrees bilaterally. Knee examination reveals nonspecific tenderness of the right knee, especially over the medial peripatellar and lateral peripatellar aspects, and the provider notes well healed arthroscopic portal scars. The patient is currently prescribed Ambien, and Norco. Diagnostic imaging included CT scan of the lumbar spine dated 02/14/06, significant findings include: "L5-S1: 3 to 4 mm bulge, posterior fusion at L4-5." Recent diagnostic imaging was not provided. Patient is currently classified as permanent and stationary, current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 02/10/15 notes that the patient presents without having taken his medications, though does not provide reports of analgesia for when the patient is taking medications, nor does the note provide any functional improvements. The only mention of efficacy is that the patient "finds his medications helpful." There is no discussion of consistent urine drug screens to date or a lack of aberrant behavior, either. MTUS guidelines require documentation of analgesia via a validated instrument, activity-specific functional improvements, consistent urine drug screens, and discussion of a lack of aberrant behavior. Without such documentation, continuation of opiate medications cannot be substantiated. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.

**Ambien 10 mg Qty 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: 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 Pain Chapter, Zolpidem - Ambien.

**Decision rationale:** The patient presents on 02/10/15 with lower back pain rated 9-10/10 which radiates into the bilateral lower extremities. The patient also complains of right knee pain rated 10/10 and associated instability of the right lower extremity. The patient's date of injury is 07/23/01. Patient is status post lumbar disc excision and fusion at L4-L5 levels on 10/11/04, right knee arthroscopy on 08/25/05, and right knee partial medial lateral meniscectomy on 04/17/07. The request is for AMBIEN 10MG QTY 30 (1 TAB NIGHTLY). The RFA is dated 02/10/15. Physical examination dated 02/10/15 reveals tenderness to palpation of the lower thoracic and lumbar paraspinal muscles from T12 through S1, and positive straight leg raise test at 40 degrees bilaterally. Knee examination reveals nonspecific tenderness of the right knee, especially over the medial peripatellar and lateral peripatellar aspects, and the provider notes well healed arthroscopic portal scars. The patient is currently prescribed Ambien, and Norco. Diagnostic imaging included CT scan of the lumbar spine dated 02/14/06, significant findings include: "L5-S1: 3 to 4 mm bulge, posterior fusion at L4-5." Recent diagnostic imaging was not provided. Patient is currently classified as permanent and stationary, current work status is not provided. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 01/08/15, though there is no specific documentation of efficacy in the subsequent reports. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

**Zantac Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The patient presents on 02/10/15 with lower back pain rated 9-10/10 which radiates into the bilateral lower extremities. The patient also complains of right knee pain rated 10/10 and associated instability of the right lower extremity. The patient's date of injury is 07/23/01. Patient is status post lumbar disc excision and fusion at L4-L5 levels on 10/11/04, right knee arthroscopy on 08/25/05, and right knee partial medial lateral meniscectomy on 04/17/07. The request is for ZANTAC QTY 60 (1 TAB 2X PER DAY). The RFA is dated 02/10/15. Physical examination dated 02/10/15 reveals tenderness to palpation of the lower thoracic and lumbar paraspinal muscles from T12 through S1, and positive straight leg raise test at 40 degrees

bilaterally. Knee examination reveals nonspecific tenderness of the right knee, especially over the medial peripatellar and lateral peripatellar aspects, and the provider notes well healed arthroscopic portal scars. The patient is currently prescribed Ambien, and Norco. Diagnostic imaging included CT scan of the lumbar spine dated 02/14/06, significant findings include: "L5-S1: 3 to 4 mm bulge, posterior fusion at L4-5." Recent diagnostic imaging was not provided. Patient is currently classified as permanent and stationary, current work status is not provided. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Guidelines page 69 state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In regard to the continuation of Zantac, an appropriate GI assessment or description of dyspepsia secondary to medication use has not been provided. This patient has been prescribed Zantac since at least 01/08/15, though there is no mention of efficacy or GI symptoms at initiation or thereafter. The progress notes only indicate that this patient takes the medication "for gastritis" and do not provide any specific discussion of GI symptoms or efficacy of Zantac in alleviating such symptoms. Without an appropriate GI assessment or documented efficacy, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

**Soma 350 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

**Decision rationale:** The patient presents on 02/10/15 with lower back pain rated 9-10/10 which radiates into the bilateral lower extremities. The patient also complains of right knee pain rated 10/10 and associated instability of the right lower extremity. The patient's date of injury is 07/23/01. Patient is status post lumbar disc excision and fusion at L4-L5 levels on 10/11/04, right knee arthroscopy on 08/25/05, and right knee partial medial lateral meniscectomy on 04/17/07. The request is for SOMA 350 MG QTY 120. The RFA is dated 02/10/15. Physical examination dated 02/10/15 reveals tenderness to palpation of the lower thoracic and lumbar paraspinal muscles from T12 through S1, and positive straight leg raise test at 40 degrees bilaterally. Knee examination reveals nonspecific tenderness of the right knee, especially over the medial peripatellar and lateral peripatellar aspects, and the provider notes well healed arthroscopic portal scars. The patient is currently prescribed Ambien, and Norco. Diagnostic imaging included CT scan of the lumbar spine dated 02/14/06, significant findings include: "L5-S1: 3 to 4 mm bulge, posterior fusion at L4-5." Recent diagnostic imaging was not provided. Patient is currently classified as permanent and stationary, current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: Not recommended. This medication is not indicated for long-term use. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal

350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. It is unclear how long this patient has been prescribed Soma or to what effect. MTUS does not support the use of Soma for longer than 2-3 weeks. At maximum dosing (4 tablets of Soma per day) the requested amount of 120 tablets implies at least a 30 day course of treatment; which exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.