

<b>Case Number:</b>	CM14-0140085		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old male with an 11/27/96 date of injury. At the time (7/18/14) of request for authorization for Ambien 10mg #30, Norco 10/325mg #180, Voltaren ER 100mg #30, and Duragesic patches 75mcg/hr #15, there is documentation of subjective (chronic moderate bilateral arm pain, bilateral leg pain, neck pain, bilateral shoulder pain, bilateral buttock pain, bilateral knee pain and low back pain with spasticity and poor sleep quality) and objective (kyphotic posture and slow antalgic gait) findings, current diagnoses (chronic low back pain, failed back surgery, lumbar pain with radiculopathy, myalgia, bilateral shoulder impingement, chronic anxiety/depression, and chronic insomnia), and treatment to date (ongoing therapy with Lidoderm patch, Zanaflex, antidepressants, Ambien, Duragesic patches and Norco since at least 2/27/14 with decreased pain levels). Regarding Ambien 10mg #30, there is no documentation of short-term (two to six weeks) treatment of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Regarding Norco 10/325mg #180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Voltaren ER 100mg #30, there is no documentation of Voltaren used as second line therapy and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Voltaren. Regarding Duragesic patches 75mcg/hr #15, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an

extended period of time, and cannot be managed by other means; demonstrated opioid tolerance; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Duragesic patches.

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

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

**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, Treatment Index, 11th edition (web), 2014, Zolpidem.

**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, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, failed back surgery, lumbar pain with radiculopathy, myalgia, bilateral shoulder impingement, chronic anxiety/depression, and chronic insomnia. In addition, there is documentation of insomnia. However, given documentation of ongoing treatment with Ambien since at least 2/27/14, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, despite documentation of decreased pain levels with Ambien, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, failed back surgery, lumbar pain with radiculopathy, myalgia, bilateral shoulder impingement, chronic anxiety/depression, and chronic insomnia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Norco since at least 2/27/14 with decreased pain levels, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #180 is not medically necessary.

**Voltaren ER 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium (Voltaren, Voltaren-XR) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Voltaren is not used as first line NSAID therapy due to increased risk profile. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, failed back surgery, lumbar pain with radiculopathy, myalgia, bilateral shoulder impingement, chronic anxiety/depression, and chronic insomnia. In addition, there is documentation of chronic low back pain. However, there is no documentation of Voltaren used as second line therapy. In addition, despite documentation of ongoing treatment with Voltaren since at least 2/27/14 with decreased pain levels, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use Voltaren. Therefore, based on guidelines and a review of the evidence, the request for Voltaren ER 100mg #30 is not medically necessary.

## **Duragesic patches 75mcg/hr #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic (fentanyl transdermal system) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h, as criteria necessary to support the medical necessity of Duragesic. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, failed back surgery, lumbar pain with radiculopathy, myalgia, bilateral shoulder impingement, chronic anxiety/depression, and chronic insomnia. In addition, there is documentation of persistent, chronic pain; that the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h. However, despite documentation of chronic pain, and given documentation of the associated medication requests, there is no (clear) documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means. In addition, there is no documentation of demonstrated opioid tolerance. Furthermore, despite documentation of ongoing treatment with Duragesic patches since at least 2/27/14 with decreased pain levels, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Duragesic patches. Therefore, based on guidelines and a review of the evidence, the request for Duragesic patches 75mcg/hr #15 is not medically necessary.