

<b>Case Number:</b>	CM14-0141598		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/09/2000
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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:

The injured worker is a 61 year old male injured on 11/09/00 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include lumbar disc disorder without myelopathy, cervical spondylosis without myelopathy, low back pain, insomnia, unspecified musculoskeletal disorder, long term medication use, opioid dependence, muscle spasm, cervicgia, and myofascial pain syndrome. The clinical note dated 08/01/14 indicated the injured worker presented complaining of ongoing neck and low back pain requiring chronic pain medication management. The injured worker reported medications and physical therapy helped with pain. The injured worker requested a refill of Norco, Protonix, and Ambien. Physical examination revealed bilateral trapezius tightness, negative Spurling, negative straight leg raise bilaterally, normal gait, strength 5/5 to the bilateral upper and lower extremities. The documentation indicated the injured worker underwent routine urine drug screen without inconsistencies noted in the documentation. The initial request was non-certified on 08/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ambien CR 12.5mg #30 with 2 refills: 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)

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

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The prescription for 2 refills indicates intent to utilize the medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for 1 prescription of Ambien CR 12.5mg #30 with 2 refills cannot be recommended as medically necessary.

**1 prescription of Norco 10/325mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, 1 prescription of Norco 10/325mg #120 with 2 refills cannot be recommended as medically necessary at this time.

**1 CBC with differential and platelets:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general

**Decision rationale:** As noted in the Official Disability Guidelines, testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide injured worker management, but often are obtained because of protocol rather than medical necessity. The decision to order diagnostic tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. There is no

discussion regarding the requested laboratory studies in the documents provided. As such, the request for 1 CBC with differential and platelets cannot be recommended as medically necessary.

**1 basic metabolic panel:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general

**Decision rationale:** As noted in the Official Disability Guidelines, testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide injured worker management, but often are obtained because of protocol rather than medical necessity. The decision to order diagnostic tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. There is no discussion regarding the requested laboratory studies in the documents provided. As such, the request for 1 basic metabolic panel cannot be recommended as medically necessary.

**1 urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommended drug testing as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. There is no indication in the documentation that indicates that the injured worker falls into moderate to high risk for aberrant risk categories requiring routine monitoring. As such, the request for 1 urine toxicology screen cannot be recommended as medically necessary.