

<b>Case Number:</b>	CM14-0155957		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	11/19/1998
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 75 year old female with a work injury dated 8/13/96. The diagnoses include chronic low back pain, history of lumbar fusion with pediclescrews 1999, subsequent Nays shown grade 2/4 spondylolisthesis L5-S1, and depression due to chronic pain. Under consideration are requests for 1 prescription of Duragesic 75mg #15 (dnd until 6/6/14); 1 prescription of Norco 10/325 mg #240 with 1 refill; prescription of Xanax 1 mg #90 with 1 refill; 1 prescription of Ambien 5 mg, #30 with 1 refill. There is an 8/26/14 PR-2 report that states that the patient has persistent low back pain. They have been filling her prescription since her last visit so she is doing much better, mood and pain wise. Medication documentation: I. Analgesia. Pain level before medication is a 9/10; after medications, it is a 4/10. Activities of daily living. With medications, she is able to carry out activities of daily living such as cooking; cleaning, laundry, and self-hygiene on an independent basis and a can take care of herself. She does live alone. There are no adverse med side effects. The last random urine drug screen was consistent. A pain agreement was on file. She is not reporting lost or stolen medications. She states her average pain without medications is about a 6/10, flaring to a 9/10, coming down to a 4/10 with both the patch and Norco. With the patch, her pain levels about a 7/10 to 8/10 constantly. The Norco brings it back down further to a 4/10 and provides 5 to 6 hours of pain relief, and takes effect within 20 to 30 minutes. Xanax helps with her depression and anxiety. Ambien helps significantly with sleep. Her work status states she is on future benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Duragesic 75mg #15 (dnd until 6/6/14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** 1 prescription of Duragesic 75 mg #15 (dnd until 6/6/14) is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The request was written prior to evaluating the patient's response. The current documentation does reveal that the patient is getting pain relief with the Duragesic in combination with the Norco. After her medications her pain level is decreased by 50%. The patient lives alone and the medications enable her to carry out her activities of living independently. There are no aberrant behaviors. The request for 1 prescription of Duragesic 75 mg #15 (dnd until 6/6/14) is medically necessary.

**1 prescription of Norco 10/325 mg #240 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Long-Term Use Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

**Decision rationale:** 1 prescription of Norco 10/325 mg #240 with 1 refill is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. Although the documentation indicates that in combination with the Duragesic Patch the patient's pain levels are significantly decreased and allow her to function, the request for #240 with 1 refill is not appropriate. The guidelines recommend continuing opioids if the patient has improved functioning and pain. A refill is not necessary unless it is documented that patient is having improved analgesia and function. The request for 1 prescription of Norco 10/325 mg #240 with 1 refill is not medically necessary as written.

**1 prescription of Xanax 1 mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** 1 prescription of Xanax 1 mg #90 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation indicates that the patient has been on Xanax greater than the 4 week recommended limit. There are no extenuating factors documented that required going against guideline recommendations. The request for 1 prescription of Xanax 1 mg #90 with 1 refill is not medically necessary.

**1 prescription of Ambien 5 mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Sleep Aids (Ambien)

**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-Zolpidem (Ambien)

**Decision rationale:** Ambien 5 mg, #30 with 1 refill is not medically necessary per the ODG Guidelines. The MTUS guidelines do not discuss Ambien. The ODG states that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The patient has been utilizing Ambien since at least March 2014. Continued use is not recommended per the guidelines. The request for Ambien 5 mg, #30 with 1 refill is not medically necessary.