

Case Number:	CM13-0008847		
Date Assigned:	03/07/2014	Date of Injury:	06/21/2011
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine 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 36-year-old female with a 6/21/11 date of injury. At the time (7/18/13) of prescription Zolpidem tartrate 5mg, #30 dose: 7/18/13; prescription of Hydrocodone bit/Apap 10/325mg, #60 dose: 7/18/13; prescription Laxacin tablets 2mg/50mg, #100 dose: 7/18/13; and prescription of Lyrica 75mg, #90 between 7/18/13 and 9/17/13, there is documentation of subjective (right upper extremity pain) and objective (limited right upper extremity range of motion, atrophy of all digits of right hand, and tenderness diffusely) findings, current diagnoses (right carpal tunnel syndrome and right ulnar neuropathy at elbow), and treatment to date (medications (including ongoing treatment with Zolpidem, Hydrocodone bit/Apap, Laxacin, and Lyrica)). Regarding prescription Zolpidem tartrate 5mg, #30 dose: 7/18/13, there is no documentation of insomnia, the intention to treat over a short course (less than two to six weeks), and functional benefit with previous use. Regarding prescription of Hydrocodone bit/Apap 10/325mg, #60 dose: 7/18/13, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit with previous use. Regarding prescription Laxacin tablets 2mg/50mg, #100 dose: 7/18/13, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Laxacin is indicated and functional benefit with previous use. Regarding prescription of Lyrica 75mg, #90 between 7/18/13 and 9/17/13, there is no documentation of functional benefit with previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION ZOLPIDEM TARTRATE 5MG, #30 DOS: 7/18/13: 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), Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome and right ulnar neuropathy at elbow. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Zolpidem, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription Zolpidem tart rate 5mg, #30 dos: 7/18/13 is not medically necessary.

PRESCRIPTION OF HYDROCODONE BIT/APAP 10/325MG, #60 DOS: 7/18/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

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. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome and right ulnar neuropathy at elbow. 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, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription of Hydrocodone bit/Apap 10/325mg, #60 dos: 7/18/13 is not medically necessary.

PRESCRIPTION LAXACIN TABLETS 2MG/50MG, #100 DOS: 7/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use-Initiating Treatment of Constipation..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: <http://www.drugs.com/ppa/docusate.html>; http://www.medscape.com/viewarticle/427442_5.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Laxacin is indicated (such as short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon, rectal, and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use), as criteria necessary to support the medical necessity of Laxacin. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome and right ulnar neuropathy at elbow. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Laxacin is indicated. In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription Laxacin tablets 2mg/50mg, #100 dos is not medically necessary.

PRESCRIPTION OF LYRICA 75MG, #90 BETWEEN 7/18/13 AND 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin(Lyrica) Page(s): 19-20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. Within the medical information available for review, there is documentation of diagnoses of right carpal tunnel syndrome and right ulnar neuropathy at elbow. In addition, there is documentation of neuropathic pain. However, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription of Lyrica 75mg, #90 between 7/18/13 and 9/17/13 is not medically necessary.