

<b>Case Number:</b>	CM13-0022365		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular disease 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 physician 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 74-year-old male who reported a work related injury on 01/07/1999, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, right cubital tunnel syndrome, right lateral medial epicondylitis, and bilateral carpal tunnel syndrome. The clinical note dated 08/15/2013 reports the patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient that tenderness to the lateral part of the elbow upon palpation was noted. Right elbow extension to 180 degrees and flexion to 160 degrees, strength to the right upper extremity was 4/5 with 5/5 noted to the left. The provider documents the patient presents with pain ranges from mild to intense, depending upon duration of movement. The patient reports pain and numbness wake him up at night causing poor sleep pattern. The patient denies depression. The provider documented the patient required the following medications, Vicodin 7.5 mg 100 tabs, Prilosec 20 mg #60 tabs, Ambien 10 mg #30 tabs, gabapentin 600 mg #90 tabs. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5mg QTY 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The current request is not supported. California MTUS Guidelines state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given the lack of documentation evidencing the patient's reports of efficacy with his current medication regimen, duration of utilization of this medication, and attempts to titrate patient's use of this medication for his chronic pain complaints with lower levels of conservative treatment for right upper extremity pain, the request for Vicodin 7.5 mg quantity 100 is not medically necessary or appropriate.

**Ambien 10mg QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to document the patient utilized this medication in an acute nature. It appears the patient has utilized Ambien chronically for his sleep pattern complaints. Official Disability Guidelines indicate zolpidem is a prescription short acting nonbenzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Given the lack of documentation of duration of use of Ambien as well as efficacy of treatment, the request for Ambien 10 mg quantity 30 is not medically necessary or appropriate.

**Gabapentin 600mg QTY 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to document the patient's reports of efficacy of utilization of gabapentin for any neuropathic pain complaints. Review of all clinical documents submitted failed to document the patient presents objectively with neuropathy to support continued utilization of gabapentin. This medication has previously been denied on multiple occasions due to lack of any diagnostic studies having being submitted to support utilization of this medication for the patient's

neuropathic subjective complaints. Given the lack of documentation of efficacy of treatment with the patient's current medication regimen as well as evidence of neuropathy, the request for gabapentin 600 mg quantity 90 is not medically necessary or appropriate.