

<b>Case Number:</b>	CM13-0026788		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 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 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:

This is a 50-year-old female with a 1/25/2008 date of injury, attributed to cumulative trauma of repetitive activities. Assessment: 1. Myofascial pain. 2. Cervical sprain. 3. Bilateral shoulder sprain. 4. Lateral epicondylitis worse on the left side. 5. Repetitive trauma to upper extremities. 6. Anxiety/stress. 7. Sexual insufficiency. 8. Insomnia. 9. Weight gain. Treatment to date has included deep tissue massage, home exercise program and medications. 8/9/13 progress report per [REDACTED] and [REDACTED], [REDACTED], indicates that the patient complained of increased pain in her neck and upper extremities, exacerbated by work at home or any use of her hands. She also reports awakening that morning with stiffness and pain in her trapezius muscles. Physical exam demonstrated tightness in trapezius muscles; full and painless ROM of the cervical spine, bilateral elbows and wrists; restricted ROM of bilateral shoulders; tenderness to palpation at the bilateral AC joints, medial border of bilateral scapula, bilateral elbows, left worse than right especially on the lateral epicondyle, and bilateral wrists; circular sort of vascular formation on the dorsal aspect of the right wrist without swelling; and positive Tinel's sign of the bilateral wrists. 7/12/13 Patient states that pain is very well managed with the current medication, but she is running out of the medication and sleep has been improved. Palpation; There is tightness in the trapezius. Cervical spine motions are accomplished without the patient expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the upper extremities on cervical motion. Range of motion was full in the cervical spine. Special Tests-Cervical compression test is negative. Spurling test is negative. Examination of the Bilateral Shoulders: Tenderness noted at the bilateral AC joint as well as medial border of bilateral scapula. Range of Motion-Range of motion is somewhat still restricted in extension, internal ro

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Ambien 5mg po qhs #30, DOS: 7/12/13-8/1/13: 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 Chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem; Insomnia Treatment.

**Decision rationale:** Retrospective Ambien 5mg po qhs #30, DOS: 7/12/13-8/1/13: is not medically necessary per ODG guidelines. The MTUS is silent on insomnia. Per ODG Ambient is not recommended for long term use, but for short term use. Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Per documentation patient has been on Ambien longer than the recommended time frame. She was prescribed Ambien between the dates 12/11/12-5/10/13. The provider does discuss some components of sleep hygiene on the 5/10/13 documentation, however per ODG, " Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." There is failure to address these topics in the documentation submitted and Ambien has been used longer than the recommended period, therefore Ambien is not medically necessary.

### **Retrospective Duragesic 50mcg/hour patch, one patch q 72 hours #10, DOS: 7/12/13-8/11/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 78, and 80..

**Decision rationale:** Retrospective Duragesic 50mcg/hour patch, one patch q 72 hours #10, DOS: 7/12/13-8/11/13 is not medically necessary per MTUS guidelines. Per guidelines Duragesic is indicated in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Documentation submitted does not indicated that patient has had a lack of tolerance or lack of control of pain by other methods.(i.e. long acting opioid) Additionally, documentation submitted reveals evidence of inconsistent urine toxicology screens which were not discussed with patient. Per MTUS guidelines, "The 4 A's for Ongoing Monitoring: Four 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 nonadherent) 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. (Passik, 2000.).

**Retrospective refill Celexa 20mg one po qd #30, DOS: 7/12/13-8/11/13: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Antidepressants.

**Decision rationale:** Retrospective refill Celexa 20mg one po qd #30, DOS: 7/12/13-8/11/13 is medically necessary per MTUS and ODG guidelines. Per MTUS guidelines, Celexa is, "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." Patient has been stable on this medication prescribed to her for depressive symptoms and documentation indicates she docs report increased improved mood, decrease depression with Celexa 20 mg once a day. Per guidelines "SSRIs may have a role in treating secondary depression" and therefore Celexa is medically necessary

**Retrospective (Discontinue Ambien 5mg) and start Valium 5mg one po qhs #30, DOS: 7/12/13-8/11/13: Upheld**

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

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

**Decision rationale:** Retrospective (Discontinue Ambien 5mg) and start Valium 5mg one po qhs #30, DOS: 7/12/13-8/11/13 is not medically necessary. Per MTUS guidelines, benzodiazepines are 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been prescribed Valium in the past for muscle relaxation. Recent documentation reveals some tightness in the trapezius muscle. Valium 5 mg po qhs #30 is not medically appropriate or necessary.

**Retrospective Norco 10/325mg one po qd pm for breakthrough pain #30, DOS: 7/12/13-8/11/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80, and 82.

**Decision rationale:** Norco 10/325mg one po qd pm for breakthrough pain #30, DOS: 7/12/13-8/11/13: is not medically necessary per MTUS guidelines. Per guidelines, "The 4 A's for Ongoing Monitoring: Four 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 nonadherent) drug-related behaviors." Documentation submitted does not reveal evidence of increased function. There is also no evidence provider discussed inconsistent urine toxicology findings with patient. For these reasons Norco is not medically necessary.

**Retrospective Gabapentin 12% cream, DOS: 7/12/13-8/11/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Retrospective Gabapentin 12% cream, DOS: 7/12/13-8/11/13 is not medically necessary per MTUS guidelines. Per guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. "Additionally, MTUS guidelines state, that topical "Gabapentin: is not recommended. There is no peer-reviewed literature to support use