

<b>Case Number:</b>	CM13-0030836		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 32-year-old-female, who sustained an industrial injury on 04/16/10. The patient's injury occurred when she was involved in an accident that crushed her hand when a door slammed upon it. Her pain is typically of very severe intensity. Her pain is described as an aching in the primary area of discomfort. Her level of pain is exacerbated by period of increased activity and lifting of objects. Her pain is worse with the cold and wet weather. Examination of the bilateral upper extremities: Deep palpation results in distal radiation of the pain. Sensation exam show allodynia and sensitivity. There was reduced range of motion. Muscle strength is reduced in the hand flexors. Her right hand remains highly guarded and hypersensitive to light touch over most of the hand and particularly the middle finger. The forearm, elbow, arm, upper back, and shoulder are diffusely tender. Medications are Omeprazole, Ambien, Etodolac, Vicodin, Clindamax, Topamax, Cymbalta, Klonopin, and Duragesic patch. patient had prior urine drug screen done on 07/30/2013. Diagnoses are reflex sympathetic dystrophy of upper limb; myalgia and myositis, chronic pain syndrome; tobacco use disorder; depressive disorder, sleep disturbance. Plan: Patient to start physical therapy on the left side. Psychiatric consultation and treatment to be authorized promptly. Continued individual psychotherapy to be provided. UR determination for items: Urine screen - Not certified; follow-up visits for medication assessment with 6 visits Modified to partial approval for 3 follow-up visits for medication assessment; for Ambien 5 mg denied; for Klonopin 1mg Denied; for Duragesic 25MCG/hour patch x3 Refills: 10 Modified Duragesic 25MCG/hour patch 2 boxes; for Vicodin 5-500mg, #120 approved for one month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SCREENING FOR RISK OF ADDICTION Page(s): 90-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, there is no documentation of the date and results of the last Urine drug screen. There is no evidence of non-compliance or addiction / aberrant behavior. Thus, the request for urine drug screen is not medically necessary and appropriate.

**FOLLOW-UP VISITS FOR MEDICATION ASSESSMENT WITH 6 VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria Page(s): 79.

**Decision rationale:** According to the CA MTUS guidelines for Prescribing Controlled Substances for Pain, patients with According to the CA MTUS guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. In this case, the patient is on multiple controlled substance medications, which requires regular monitoring per guidelines. However, there is no mention of the frequency or intervals of the requested follow up visits; i.e. biweekly, monthly, quarterly, as needed, etc. Therefore, the request is considered not medically necessary per guidelines and due to lack of clarification.

**AMBIEN 5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com) (ambien[zolofit tartrate]).

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

**Decision rationale:** CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request is not medically necessary and appropriate.

**KLONOPIN 1MG:** Upheld

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

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

**Decision rationale:** According to the guidelines, Benzodiazepines are not recommended. These medications 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. There is no documentation of any significant benefit with prior use. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this patient. Therefore, the request is not medically necessary.

**DURAGESIC 25MCG/HR PATCH X 3 REFILLS (10):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 90-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 74.

**Decision rationale:** Per CA MTUS guidelines, Duragesic is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As per CA MTUS guidelines, "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 guidelines also state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, the medical records do not demonstrate either

return to work or improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. The medical necessity of Duragesic has not been established. The request is not medically necessary and appropriate.

**VICODIN 5-500MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74, 91.

**Decision rationale:** Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. Guidelines indicate "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 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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement with prior use. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established. The request is not medically necessary and appropriate.