

<b>Case Number:</b>	CM13-0040425		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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 38-year-old male with the date of injury of 04/30/2013. Patient has had ongoing symptoms related to the left middle finger. Subjective complaints indicate persistent left middle frontal pain with numbness. Physical exam demonstrated tenderness of the distal stump of the left middle finger with hyperalgesia and hyperesthesia of the distal left middle finger. There is a decreased sensation in the left distal stump of the left middle finger. Treatment to date has included digital block, dressings, splints and medication. The request is for the use of Capsaicin cream, Hydrocodone 10/325, Zolpidem 10 mg. Submitted documentation indicates that Norco was providing 70 % improvement of pain and improved daily activities and self care. Documentation demonstrates a pain contract and consistent urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG PO QHS PRN SLEEP, #30:** Upheld

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

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

**Decision rationale:** ODG suggests that Zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient Zolpidem has been used on a chronic basis. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

**CAPSAICIN CREAM:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Capsaicin.

**Decision rationale:** CA MTUS recommends Capsaicin as an option only in patients who are intolerant to, or who have not responded to, other medications. It is suggested that topical Capsaicin has moderate to poor efficacy. For this patient, there is documentation that pain is only partially relieved by current oral medications, and that capsaicin offered additional pain relief. Therefore, the request for Capsaicin is medically necessary.

**HYDROCODONE 10/325 1 TAB PO TID PRN PAIN, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.