MAXIMUS Federal Services

Case Number:	CM13-0058455		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2007
Decision Date:	06/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 General Surgery, has a subspecialty in Hand and Upper Extremity Surgery, 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 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 56-year-old injured on June 4, 2007 due to undisclosed mechanism of injury. Current diagnoses included left greater than right carpal tunnel syndrome and first carpometacarpal joint pain. Clinical documentation dated September 18, 2013 indicated the injured worker presented with complaints of persistent numbness and tingling in bilateral hands with continued dropping of objects. The injured worker reported symptoms awakened her at night. Physical examination of bilateral hands and wrists revealed tenderness about the thenar imminence, tenderness of the first carpometacarpal joint, mild swelling, Phalen's and Tinel signs positive, dorsiflex to 40 degrees, and volar flex to 40 degrees. Clinical documentation dated April 24, 2013 indicated the injured worker was prescribed Naproxen 550mg, hydrocodone/acetaminophen 10-325mg, Tramadol 50mg, and omeprazole 20mg. There was no additional clinical documentation regarding prescription medications in the clinical documentation submitted for review. The request for hydrocodone/acetaminophen 10-325mg #30, Tramadol ER 150mg #60 one to two QD, and Zolpidem 10mg #01 QHS was initially non-certified on November 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG, #30: 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): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. The request for Hydrocodone/APAP 10/325 mg, sixty count, is not medically necessary or appropriate

TRAMADOL ER 150MG, #60: 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): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. The request for Tramadol ER 150mg, Sixty Count, is not medically necessary or appropriate.

ZOLPIDEM 10MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) REGARDING AMBIEN FOR CHRONIC PAIN

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - ONLINE VERSION, PAIN (CHRONIC), ZOLPIDEM (AMBIEN)

Decision rationale: As noted in the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended two to six week window of use. The request for Zolpidem 10mg, thirty count, is not medically necessary or appropriate.