

<b>Case Number:</b>	CM13-0063175		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 patient is a 56-year-old male who reported an injury on 11/09/1998. The injury was noted to have occurred when the patient twisted to look over his shoulder while doing keyboard work and felt a sharp pain. He is diagnosed with cervical pain, lumbosacral pain, insomnia, anxiety, and right upper extremity radiculopathy. His symptoms are noted to include right hand pain, decreased grip strength, anxiety, and insomnia. His physical exam findings were noted to include tenderness to palpation of the right hand with no paresthesia, a positive Tinel's sign at the right cubital tunnel, and tenderness to palpation over his cervical spine and right forearm. His treatment plan was noted to include nerve conduction and electromyography of the right upper extremity, Norco 10/325 mg 4 times a day, reducing his quantity from 120 pills monthly to 90 pills, increasing Cymbalta from 30 mg to 60 mg daily, and refilling Ambien 12.5 mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detail documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical information submitted for review indicated that the patient had complaints of pain in his right hand. However, details regarding the patient's pain outcome with use of Norco were not provided, including whether the patient has pain relief and increased function after taking the medication. Additionally, the documentation did not address whether the patient had any reports of adverse side effects or issues of aberrant drug taking behaviors, abuse, or addiction. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioids, the request is not supported.

**Cymbalta 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®) Page(s): 43-44.

**Decision rationale:** According to the California MTUS Guidelines, Cymbalta is recommended as an option in the first line treatment of neuropathic pain. It was also noted to be FDA approved for the treatment of depression, generalized anxiety disorder, and for pain related to diabetic neuropathy. The patient was noted to have an "electrical" type pain in his right hand which he stated sometimes travels from his elbow to his hand. He is also noted to have a positive Tinel's sign at his right cubital tunnel. As the patient is shown to have pain that is neuropathy in nature, use of Cymbalta is supported. However, as the request fails to provide details regarding the patient's frequency of use and quantity requested, the request is non-certified.

**Ambien 12.5mg:** 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), Pain, Zolpidem (Ambien®)

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

**Decision rationale:** According to the Official Disability Guidelines, Zolpidem is only recommended for short term use in the treatment of insomnia, usually 2 to 6 weeks. The guidelines specify that Zolpidem is not recommended for long term use as it can be habit forming, may impair function and memory, and may increase pain and depression over the long term. As the guidelines specifically state that use of Zolpidem is not recommended for long term use, the request is not supported. Additionally, the request failed to provide details regarding the

patient's use of the medication and quantity being requested. For these reasons, the request is not supported.