

Case Number:	CM13-0068666		
Date Assigned:	01/03/2014	Date of Injury:	07/05/2007
Decision Date:	08/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 patient is a 41 year old female who was injured on 07/05/2007. She is persistently symptomatic from an injury dated 05/02/2006. The mechanism of injury is unknown. The patient underwent left first extensor compartment release, left second extensor compartments release, extensor tendon tenosynovectomy of extensor carpi radialis longus and extensor carpi radialis longus and extensor carpi radialis brevis, left wrist, regional wrist block at the patient edorsoradial sensory nerve and short arm thumb spica splint, left arm on 11/26/2007. The progress report dated 08/06/2013 indicated the patient complained of pain not going away. She also has bilateral upper extremity weakness and pain. Objective findings on exam revealed she was unable to flex hand to make a fist. Bilateral arms revealed weakness and trapezial tenderness. She has a diagnosis of bilateral radial styloid tenosynovitis and left impingement syndrome. It is recommended the patient continues on Norco 10/325 mg, Methadone 10 mg and Sertraline. The progress report dated 11/14/2013 states the patient continues on Norco and continues to have bilateral hand pain with swelling up to shoulders. On exam, she is still unable to make a fist. She was recommended the same medications as above with the inclusion of Zolpidem 10 mg. Prior utilization review dated 12/11/2013 states the request for Norco 10/325 mg 2 4 times a day (unspecified) is modified to Norco 10/325 mg 2 four times a day (unspecified), Zolpidem 10mg, and Methadone 10 four times a day are denied as it is unclear whether or not the patient was taking Methadone and Zolpidem (Ambien) was noted as okay to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG (UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Criteria for use Page(s): 76-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Criteria for Use.

Decision rationale: The ODG recommends the use of opiates for the treatment of acute to subacute pain. The medical records document that the patient has had ongoing treatment with Norco for several years without any indication of tapering the medication to a low effective dose. Furthermore, the documents show any evidence that substantiates medical necessity. Based on the ODG criteria as well as the clinical documentation stated above, the request is not medically necessary.

Zolpidem 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/PRO/AMBIEN.HTML](http://www.drugs.com/pro/ambien.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The ODG recommends the use of benzodiazepines for the treatment of anxiety or insomnia in relation to pain. The medical records document that the patient has been taking the medication in combination with opiates. The combination of these medications can put the patient at serious risk. Furthermore, the documents do not show any reason as to the indicated use of the medication. Based on the ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Methadone 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Criteria for use.

Decision rationale: The CA MTUS and ODG recommends the use of long acting opiates for the treatment of acute and chronic pain management. The medical records document that the patient did not have a clear regimented use of the medication. Further, the documents that the patient

was taking an opiate equivalence that exceeds the recommendations of the Pain Society. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.