

<b>Case Number:</b>	CM14-0006986		
<b>Date Assigned:</b>	02/18/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine, and he 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:

This is a 49-year-old male with a 8/3/10 date of injury and a history of carpal tunnel syndrome. The patient was seen on 12/18/13 for bilateral wrist pain. Objective findings were bilateral wrist pain. On prior reports the patient was also noted to have shoulder pain and a diagnosis of impingement syndrome, as well as insomnia and anxiety. A urine drug screen from 9/11/13 was positive for Hydrocodone but negative for Hydrocodone on 8/21/13 and 6/12/13. UR decision dated 1/3/14 denied the request for Norco given there was insufficient documentation of ongoing monitoring. The request for Zofran was denied as this medication is not recommended for opiate induced nausea. The request for Ambien was denied as this medication is meant for short term use and the patient has exceeded the treatment guidelines with regard to duration and length of use. Prilosec was denied as there was no documentation of GI symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG QUANTITY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC: Pain (updated 11/14/13) Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is inadequate documentation of ongoing review of opiate management in this patient. There is no documentation of a pain contract or long term care plan. In addition, the patient's urine drug screens have been inconsistent with Hydrocodone use. There is no ongoing discussion as to the patient's VAS with and without this medication or functional gains. With regard to the request for Norco #60, the request was not medically necessary.

**AMBIEN 10 MG QUANTITY THIRTY (30): Upheld**

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

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

**Decision rationale:** MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There is no documentation of the patient's sleep hygiene, or whether this medication is beneficial. In addition, guidelines do not support long term chronic use of this medication. With regard to the request for Ambien 10 gm #30, the request was not medically necessary.

**PRILOSEC 20 MG QUANTITY THIRTY (30): 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 Chronic Pain Medical Treatment Guidelines Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no indication that the patient has any GI complaints or upset or on chronic NSAID therapy. Therefore, the request for Prilosec was not medically necessary.

**ZOFRAN 8 MG QUANTITY TEN (10): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Zofran FDA Zofran

**Decision rationale:** MTUS does not address this issue. ODG & the FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. The patient is not noted to have a cancer diagnosis or be in radiation therapy or surgery. There is no mention of nausea. Therefore, the request for Zofran was not medically necessary.