

Case Number:	CM14-0118150		
Date Assigned:	08/06/2014	Date of Injury:	09/01/1998
Decision Date:	09/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 59 year old female who sustained an injury on 09/01/1998. No specific mechanism of injury was noted. The injured worker has been followed for acute and chronic right lateral epicondylitis and has undergone prior right epicondylectomy as well as radial tunnel decompression. The injured worker had been followed for a diagnosis of reflex sympathetic dystrophy involving the right upper and lower extremities. Medications have included the use of Norco, Soma and Ambien. Urine drug screen testing from March of 2014 was noted to be positive for both Norco and Soma; however, there were negative findings for Ambien. As of 07/10/14, the injured worker continued to complain of pain in the right upper extremity at the right elbow. The injured worker reported partial response to medications. Physical examination noted limited range of motion in the right elbow in all planes with reduced sensation at the right radial nerve. Positive Tinel's sign to the lateral aspect of the right elbow and right knee were also identified. There were dystrophic findings in the right hand and foot. Medications at this evaluation did include Norco 10/325mg #120, Soma 250mg #90 and Ambien 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. prn (as needed) # 120 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: The use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The injured worker has been utilizing this medication over an extended period of time and the benefits obtained from short acting narcotics diminishes over time and it is recommended that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco, specific pain improvement or any compliance measures such as toxicology testing or long term opiate risk assessments (Current Opioid Misuse Measure/Screen and Opioid Assessment for Patients in Pain) to determine risk stratification. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, The request is not medically necessary.

Soma 250 mg. # 90 X 1:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers, page(s) 63-67 Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Ambien 10 mg. at bedtime as needed # 30 X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: pain Chapter: 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 Chapter, Zolpidem.

Decision rationale: The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the Food and Drug Administration has recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem has been effective in improving the injured workers' overall functional condition. As such, the request is not medically necessary.

