

<b>Case Number:</b>	CM14-0152651		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Family Practice, and is licensed to practice in Pennsylvania. 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 worker sustained an injury on December 31, 2009 while lifting a heavy package resulting in pain in the left side of her neck, scapula, shoulder and arm. She has had shoulder surgery, physical therapy and a functional restoration program but continues to have pain. She also has bilateral carpal tunnel syndrome and has received wrist injections. Surgery for carpal tunnel syndrome has been recommended. Cervical spine fusion has also been recommended. According to spine specialist office visit note on July 31, 2014 she was currently using Klonopin 1 mg twice a day as needed for anxiety, Norco 5/325 mg twice a day as needed and Ambien 10 mg daily at bedtime as needed along with topical medications. The office note stated "she has not yet seen anyone for psychological or psychiatric care despite urging by my office." It was reported that urine toxicology on June 26, 2014 was consistent with current medications. The diagnoses included multilevel cervical foraminal narrowing and stenosis and left upper extremity radiculopathy; bilateral carpal tunnel syndrome; left trigger thumb; left sided cervical facet syndrome; bilateral upper extremity RSI; reactive depression, anxiety, chronic pain, and coping deficits; status post left shoulder arthroscopic surgery with residual supraspinatus tear, biceps tenosynovitis, SLAP lesion, adhesive capsulitis, and AC joint inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 91, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. Therefore, this request is not medically necessary.

**Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Section: Pain, Topic: Zolpidem (Ambien)

**Decision rationale:** Ambien is a non-benzodiazepine hypnotic used short term for insomnia. It is not recommended for more than 2 - 6 weeks. Ambien may impair function, and increase pain and depression long term. This patient has impaired function, pain and depression which may be made worse by this medication. The dose in women should be no more than 5 mg of immediate release Ambien and 6.25 mg in delayed release Ambien. The dose this worker is receiving is higher than recommended. If Ambien is to be prescribed, the patient should also be receiving cognitive behavioral therapy which according to the record she is not. Ambien is not medically necessary in this case.

**Klonopin 1mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Klonopin is a benzodiazepine. Benzodiazepines are not recommended for more than 4 weeks. Long term use may actually increase anxiety. A more appropriate treatment for anxiety is an antidepressant which would be particularly true in this case since the worker also has depression according to the record. Klonopin is not medically necessary in this case.