

Case Number:	CM14-0159947		
Date Assigned:	10/03/2014	Date of Injury:	04/26/2002
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a female of unknown age (no date of birth is identified in the medical records) with complaints of right upper and right lower extremity pain, neck/upper back pain. The date of injury is 4/26/02 and the mechanism of injury is not elicited. At the time of request for the following: 1. retrospective request for Norco 10/325(DOS 8/25/14) 2.retrospective request for zolpidem 10mg#30(DOS 8/25/14) 3. retrospective request for monarch cream(DOS 8/25/14) 4.Norco 10/325, there is subjective (neck pain, upper back pain, right arm pain, right leg pain) and objective (motor weakness upper extremities bilaterally, positive Tinel's sign wrists bilaterally and in the right cubital tunnel, tenderness over the hands, wrists, and epicondyles right greater than left, multiple tender trigger point upper trapezius muscle groups bilaterally worse in the right shoulder and arm) findings, imaging findings (no reports submitted), diagnoses (upper extremity and shoulder arthropathy, cervicgia with right sided radiculopathy, bilateral lateral epicondylitis, right sided biceps tendonitis, right sided cubital and carpal tunnel syndrome, centralization of pain diagnoses as complex regional pain syndrome in the right upper extremity), and treatment to date (medications, work restrictions, rest). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. Zolpidem is recommended only for short term treatment of insomnia. Pain Specialists, rarely if ever, recommend them for long term use. Any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg (DOS 8/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 is not medically necessary.

Retrospective request for Zolpidem 10mg #30 (DOS 8/25/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: Per ODG Evidence Based Decision Guidelines, Zolpidem is recommended only for short term treatment of insomnia. As there is no clear diagnosis as to the etiology of sleep disorder and after review of the records appears to be circumstantial to chronic pain. Pain Specialists, rarely if ever, recommend them for long term use. Therefore, this medication is not medically necessary.

Retrospective request for Monarch cream (DOS 8/25/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Monarch analgesic creams is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. As there is no

specifics in the medical records supplied as to what exactly is the Monarch pain cream comprised of it is not possible to evaluate the necessity (and safety) for the medication. Therefore, the request for this compounded agent is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 is not medically necessary.