MAXIMUS Federal Services

Case Number:	CM14-0164589		
Date Assigned:	10/09/2014	Date of Injury:	02/22/2010
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Ohio. 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 52 year old female with a cumulative trauma injury reported on 2-22-2010. She has chronic bilateral shoulder and right elbow pain of a burning nature. Her diagnoses include chronic regional pain syndrome of the shoulders and right elbow, a sleep disorder from pain, and depression with anxiety. She has had right shoulder surgery in 2011 and left shoulder and left biceps surgery in 2012. The physical exam reveals hypersensitivity of both shoulders and right elbow, diminished left shoulder range of motion, and tenderness of the right should of the infra- and supraspinatus tendons. She has been taking Ambien before bed continuously since at least April of 2014. She has been taking hydrocodone as well with a reported reduction in pain by VAS from 8-9/10 to 4-5/10. There are reported improvements in functionality but no specifics and the injured worker has not regained employment. She has been using a lidocaine patch over the left shoulder and right elbow with reported reductions in pain. Urine drug screens on 4 occasions have shown inconsistent results in the last year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this instance, topical Lidoderm is being utilized for chronic regional pain syndrome which may be allowable under these guidelines. However, there is no documentation available for review which indicates previous failure of antidepressants or anti-epilepsy drugs. Therefore, Lidoderm 5% #30 is not medically necessary under the referenced guidelines.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain 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 (Chronic), Zolpidem (AmbienÂ®)

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, Zolpidem has been in continuous use for at least 6 months which exceeds the recommended guidelines. Therefore, Zolpidem 10mg #30 is not medically necessary.

Norco 5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The referenced guidelines state that for those requiring opioids chronically that there is ongoing assessment of pain relief, functionality, side effects, or aberrant drug taking behavior. Opioids may be continued if the injured worker has regained employment or has improvement in pain and functionality as a consequence of the opioids. Opioids should be weaned and discontinued for (a) If there is no overall improvement in function, unless there are

extenuating circumstances (b) Continuing pain with the evidence of intolerable adverse effects (c) Decrease in functioning (d) Resolution of pain (e) If serious non-adherence is occurring (f) The patient requests discontinuing. In this instance, there is evidence of serious non-adherence as there is presence of non-prescribed benzodiazepines, meprobamate (Soma), and marijuana by urine drug screening on several occasions. The medical record does not reflect a discussion of those inconsistent results. Additionally, there is presence of ethanol in one sample which suggests the mixing of alcohol and opioids, a potentially dangerous combination. Again, No discussion reflected about this in the notes available for review. Lastly, while general references to improved functionality are made within the notes, no specific examples are provided. For these reasons, Norco 5/325 mg #90 is not medically necessary.