

<b>Case Number:</b>	CM14-0166989		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, and 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 patient sustained an injury on 5/4/09 while employed by [REDACTED] Request(s) under consideration include Norco 10/325mg #60, Ambien 10mg #30, and Topical Exoten Lotion. Diagnoses include Carpal Tunnel Syndrome. Report of 8/26/14 from the provider noted the patient with bilateral upper extremity discomfort rated at 0/10 although increase with use; been doing his exercises and apply ice. Pain was noted bilateral wrist/hand with numbness; right shoulder and bilateral elbow pain with difficulty sleeping from pain. Exam showed normal gait; tenderness of volar wrist/fingers; normal full range with positive Finkelstein's, Phalen's and Tinels; elbow tenderness at lateral and medial aspect; right shoulder with slight tenderness of AC region; painful arc from 70-120 degrees with positive impingement and drop arm tests and limited range. Diagnoses included bilateral CTS with wrist and hand tendonitis; bilateral medial and lateral tendonitis with cubital tunnel syndrome per EMG/NCS of 3/3/10; right shoulder strain with impingement; tenosynovitis of flexor tendon; and insomnia due to pain. Treatment included medication refills, and remained P&S per report of 3/3/10 with future care. The request(s) for Norco 10/325mg #60, Ambien 10mg #30, and Topical Exoten Lotion were non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #60 is not medically necessary and appropriate.

**Ambien 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) Ambien (zolpidem)

**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 (Ambien®), pages 877-878

**Decision rationale:** Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2009 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg #30 is not medically necessary and appropriate.

**Topical Exoten Lotion:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Exoten-C lotion has manufacturing compound topical ingredients to include 20% methyl salicylate, 10% menthol, and 0.002% capsaicin. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Topical Exoten Lotion is not medically necessary and appropriate.