

<b>Case Number:</b>	CM14-0182890		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 41-year-old male who reported an injury on 08/13/2009, due to a fall. His diagnoses were noted to include reflex sympathetic dystrophy of upper limb, headaches, umbilical hernia, and reflex sympathetic dystrophy of the lower limb, low back pain, and abnormal posture with guarding of the lower back. His past treatments were noted to include a psychiatric evaluation, a functional restoration program, a home exercise program, cognitive behavioral therapy, and medications. The pertinent diagnostic studies and surgical history were not included in the documentation submitted for review. On 10/16/2014, the injured worker complained of low back pain, bilateral upper extremity pain, bilateral lower extremity pain, and right facial pain rated 4/10. The documentation noted the injured worker's pain while taking the medication was rated 7/10. In addition to pain, the injured worker also reported changes in skin color, difficulties with activities of daily living, dropping objects frequently, numbness, pain to light touch, poor concentration, and tingling. The injured worker stated bending, flexing, cold, heat, and walking seemed to increase his pain and alleviating factors included changing positions often and taking his medication. The physical exam noted the injured worker had mild cervical retraction, full range of motion, moderate spasms, moderate hypertonicity, and moderate tenderness along the bilateral cervical paraspinal muscles. The physical exam documented decreased range of motion in the lumbar spine and a positive straight leg raise. There was noted pallor discoloration of the left hand, especially over the palmar aspect. The injured worker was still noted to be unable to make a full fist. His medications were noted to include hydrocodone/acetaminophen 10/325 mg tablets, cetirizine, Amitiza, duloxetine HCl, and Voltaren XR. The treatment plan included recommendations that the injured worker applies compression stockings and/or an AC wraps on a daily basis to reduce swelling and desensitize or modulate painful

signal along the pain pathways, and medications. Requests were received for zolpidem tartrate to help treat his anxiety and muscle spasms and insomnia, hydrocodone/acetaminophen 10/325 to help with moderate pain relief, cetirizine hydrochloride to help decrease swelling and inflammation, and Amitiza 24 mcg to aid in constipation caused by opioids and other medications. The Request for Authorization was not included in the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem Tartrate 10mg per 10/08/14 form QTY: 30.00: 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 (Chronic), Insomnia Treatment

**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, Ambien.

**Decision rationale:** The request for zolpidem tartrate 10 mg per 10/08/2014 form is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for short term use, usually 2 to 6 weeks, for treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The documentation submitted for review noted the injured worker had a history of insomnia and completed 10 sessions of cognitive behavioral therapy. However, the documentation noted the injured worker had been taking the medication since at least 05/05/2014, which would exceed the guideline recommendation for short term use. Within the documentation there was no evidence that the injured worker had a reduction in the time to sleep onset, an improvement in sleep maintenance, avoidance of residual effects and increased next-day functioning. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Based on documentation submitted for review, the request for zolpidem tartrate 10 mg per 10/08/2014 quantity number 30 is not supported. As such, the request is not medically necessary.

#### **Hydrocodone-acetaminophen 10-325mg per 10/08/14 form QTY: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78.

**Decision rationale:** The request for hydrocodone/acetaminophen 10/325 mg per 10/08/2014 quantity number 120 is not medically necessary. The California MTUS Guidelines recommend

short acting opioids such as Norco for controlling chronic pain. The lowest possible dose should be prescribed to improve pain and function. The guidelines also state there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review noted the injured worker's current pain was 4/10; his pain was 8/10 at worst, and 7/10 with medications. The documentation did not specify which medication was relieving the injured worker's pain and it was unclear whether the pain was reduced by the Norco or another prescribed medication. Within the documentation a urine drug screen dated 06/25/2014 was provided which showed the injured worker was compliant with his prescribed medication regimen. There were no side effects listed in the submitted reports. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request as submitted failed to provide the frequency of the medication and the request received had a quantity of 120 tablets. As such, the request for hydrocodone/acetaminophen 10/325 per 10/08/2014 quantity 120 is not medically necessary.

**Cetirizine Hydrochloride 10mg per 10/08/14 form QTY: 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cetirizine.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com, Cetirizine Hydrochloride, Online database

**Decision rationale:** The request for Cetirizine Hydrochloride 10 mg quantity number 30 is not medically necessary. Drugs.com states Cetirizine Hydrochloride is recommended for symptomatic relief of rhinorrhea, sneezing, lacrimation, itching eyes, and/or oronasopharyngeal itching associated with seasonal (e.g., hay fever) allergic rhinitis or other upper respiratory allergies. This medication may be used for symptomatic relief of perennial (non-seasonal) allergic rhinitis and chronic idiopathic urticarial as well. The documentation submitted for review indicated the physician recommended the injured worker take Zyrtec for swelling and inflammation; however, the documentation did not indicate the etiology of the swelling and inflammation and whether it was related to one of the conditions for which Zyrtec is recommended. There was a lack of documentation indicating the injured worker had significant objective improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for Cetirizine Hydrochloride 10 mg quantity number 30 is not medically necessary.

**Amitiza 24mcg per 10/08/14 form QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/amitiza.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment

**Decision rationale:** The request for Amitiza 24 mcg quantity number 60 is not medically necessary. The California MTUS Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The Official Disability Guidelines state simple treatments including increasing physical activity, maintaining appropriate hydration by drinking water, and advising the patient to follow a proper diet rich in fiber can reduce the chances and severity of opioid induced constipation and general constipation. If the first line treatments do not work, there are second line options, including Amitiza. The documentation submitted indicated the injured worker had been taking the medication since 04/14/2014. The documentation submitted for review did not indicate the injured worker failed first line treatments. There was a lack of documentation indicating the injured worker had significant objective improvement with the medication. Additionally, the request submitted did not include frequency of medication. As such, the request for Amitiza 24 mcg quantity number 60 is not medically necessary.