

<b>Case Number:</b>	CM14-0042685		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/24/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 11/24/2003. The injury reported was when the injured worker was walking on an unlevelled floor and twisted her knee. The diagnoses included psoriatic arthropathy, and long-term use of medications. The previous treatments included medication and surgery. Within the clinical note dated 06/20/2014, it was reported the injured worker complained of continue total body pain, chronic fatigue, and problems sleeping. The injured worker complained of right knee pain and swelling. She reported right hip pain and difficulty walking. Upon physical examination, the provider indicated the injured worker had a psoriatic skin rash on the arms and legs and scalp. The injured worker had right knee tenderness and swelling. The provider indicated the injured worker had tenderness to bilateral wrists, bilateral shoulders, and TMJs. The provider requested the injured worker to continue Ambien, Azulfidine, Plaquinel, and a request for a urine drug screen. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Pain (Chronic) Zolpidem; Short-acting nonbenzodiazepine hypnotic.

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

**Decision rationale:** The request for 1 prescription for Ambien 10 mg #30 is not medically necessary. The injured worker complained of right knee pain, right hip pain, chronic fatigue, and sleeping problems. The Official Disability Guidelines state Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which was approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The guidelines note 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 antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is a lack of significant objective findings warranting the medical necessity for the request. Therefore, the request is not medically necessary.

**Azulfidine 500mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, chronic pain Official Disability Guidelines, Opioids; steps to avoid misuse/addiction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com, Azulfidine, onlinedatabase, <http://www.rxlist.com/azulfidine-drug/patient-images-side-effects.htm>.

**Decision rationale:** The request for 1 prescription of Azulfidine 500 mg #120 is not medically necessary. The injured worker complained of right knee pain and swelling. She complained of right hip and difficulty walking. The injured worker complained of chronic fatigue. RxList.com noted Sulfasalazine (Azulfidine) affects the substance in the body that causes inflammation, tissue damage, and diarrhea. It also noted it is used to treat moderate to severe ulcerative colitis. It is also used to treat rheumatoid arthritis in children and adults who have received other arthritis medication without successful treatment of symptoms. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the injured worker has tried and been unsuccessful with other treatments of arthritis. Therefore, the request is not medically necessary.

**Plaquenil 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydroxychloroquine (DMARDs) disease-modifying antirheumatic drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com, Plaquenil, online database, <http://www.rxlist.com/plaquenil-drug/patient-images-side-effects.htm>.

**Decision rationale:** The request for 1 prescription of Plaquenil 200 mg #60 is not medically necessary. The injured worker complained of right knee pain and swelling, right hip pain and difficulty walking. She complained of chronic fatigue and problems sleeping. RxList.com notes Hydroxychloroquine (also known as Plaquenil) is used to treat and prevent malaria, a disease caused by parasites. Parasites that cause malaria typically enter the body through a bite of a mosquito. Malaria is common in areas such as Africa, South America, and South Asia. Hydroxychloroquine is also used to treat the symptoms of rheumatoid arthritis and discoid or systemic lupus erythematosus. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The request for 1 urine toxicology screening is not medically necessary. The injured worker complained of right knee pain and swelling, right hip pain, and difficulty walking. The injured worker complained of chronic fatigue and problems sleeping. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use of the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behavior, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-taking behaviors. There is a lack of documentation of when the last urine drug screen was performed. Therefore, the request is not medically necessary.