

<b>Case Number:</b>	CM14-0113387		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 36 year old female, who sustained an industrial injury on August 16, 2005. She has reported depression, pain in the neck and pain in the shoulder and was diagnosed with major depressive disorder, pain disorder and insomnia-type sleep disorder secondary to pain. Treatment to date has included psychotherapy, medications, conservative therapies and lifestyle modifications. Currently, the IW complains of ongoing depression, pain in the neck, shoulder and left hand weakness. The injured worker reported an industrial injury in 2005, resulting in chronic neck and shoulder pain with associated anxiety and depression. It was noted she depression was noted to be unchanged on an August, 2014 evaluation, with the use of prescribed Xanax. She continued to report pain in the shoulder and neck with a decreased range of motion. On October 2, 2014, evaluation revealed continued depression. She was noted to be tearful with variable depression and decreased anxiety. On July 9, 2014, Utilization Review non-certified requests for Norco, Soma, Ambien and Lidoderm patches, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On July 21, 2014, the injured worker submitted an application for IMR for review of requested Norco, Soma, Ambien and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325Mg #30:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient was injured on 08/16/05 and presents with a sprain of the shoulder/arm, sprain of the elbow/forearm, sprain of the wrist, and sprain of the neck. The request is for NORCO 10/325 MG #30. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

**Soma 350 Mg #30:** 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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 08/16/05 and presents with a sprain of the shoulder/arm, sprain of the elbow/forearm, sprain of the wrist, and sprain of the neck. The request is for SOMA 350 MG #30. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines pages 63-66, Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3-week period. This has been noted for sedative and relaxant effects. None of the two reports provided give any positive exam findings. There is no mention of the patient having any spasm. MTUS recommends the requested Soma for no more than 2-3 weeks. In this case, the treater has requested for 30 tablets of Soma. It is unknown when the patient began taking this medication or if it is for a short-term use, as indicated by MTUS guidelines. Therefore, the requested Soma IS NOT medically necessary.

### **Ambien 10Mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, Zolpidem: insomnia treatment

**Decision rationale:** The patient was injured on 08/16/05 and presents with a sprain of the shoulder/arm, sprain of the elbow/forearm, sprain of the wrist, and sprain of the neck. The request is for AMBIEN 10 MG #30. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided. There is no indication of when the patient began taking this medication. MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, Zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The 10/02/14 report states that the patient is diagnosed with insomnia-type sleep disorder due to pain. There is no indication of when the patient began taking this medication. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. The treater is requesting for 30 tablets of Ambien, which exceeds what is allowed by ODG guidelines. Therefore, the requested Ambien IS NOT medically necessary.

### **Lidoderm Patches #30: 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 analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm patches

**Decision rationale:** The patient was injured on 08/16/05 and presents with a sprain of the shoulder/arm, sprain of the elbow/forearm, sprain of the wrist, and sprain of the neck. The request is for LIDODERM PATCHES #30. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided. There is no indication of when the patient began using this patch. MTUS Guidelines page 57 states, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain. When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. The treater does not indicate where these patches are applied to

or if the patient presents with neuropathic condition that is localized. The patient has a sprain of the shoulder/arm, sprain of the elbow/forearm, sprain of the wrist, and sprain of the neck. There are no other positive exam findings provided. In this case, the treater does not document any peripheral pain that is neuropathic and localized, as required by MTUS guidelines. It would appear that the patches are being used for the patient's musculoskeletal pain condition and not neuropathic pain. Therefore, the requested Lidoderm patches IS NOT medically necessary.