

<b>Case Number:</b>	CM14-0197379		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 48 year old woman with a date of injury of 8/24/04. She was seen by her primary treating physician on 9/10/14 for an orthopedic re-evaluation. She continues to complain of pain in her right shoulder with radiation down her arm and intermittent paresthesias. She noted functional improvement with the adjunct of the medications and had difficulty sleeping due to pain. Her exam showed tenderness over the anterolateral aspect of the shoulder. She had passive forward flexion to 120 degrees and resisted this due to pain. She could fully flex her fingertips to the middle palmar crease and touch the tip of the thumb to the fifth metacarpal head. She had hypersensitivity diffusely about the upper extremity to light touch and decreased sensation to pinprick over the volar aspect of all five digits and diaphoresis of the hand. Her diagnoses were complex regional pain syndrome, right upper extremity. At issue in this review is the request for Norco, Ambien for insomnia related to pain, Lyrica and P3 topical compound for acute exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #75 x 2 refills:** 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 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic shoulder and arm pain with an injury sustained in 2004. The medical course has included numerous treatment modalities and use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use. The medical necessity of Norco is not substantiated in the records.

**Ambien 10mg #15 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date: treatment of insomnia and drug information - Zolpidem

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for Ambien. The request is not medically necessary.

**Lyrica 75mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

**Decision rationale:** This injured worker has chronic shoulder and arm pain with an injury sustained in 2004. The medical course has included numerous treatment modalities and use of several medications including narcotics. Lyrica Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica to justify use. The medical necessity of Lyrica is not substantiated in the records.

**P3 Topical compound 120gm x 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** This injured worker has chronic shoulder and arm pain with an injury sustained in 2004. The medical course has included numerous treatment modalities and use of several medications including narcotics. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to P3 topical compound to justify use. Regarding P3 topical compound in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.