

<b>Case Number:</b>	CM14-0198922		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/17/2001
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab 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:

The injured worker sustained a work related injury on March 17, 2001. The exact mechanism of the work related injury was not included in the documentation provided. The Primary Treating Physician's report dated October 23, 2014, noted the injured worker with continued intermittent right shoulder pain, intermittent bilateral hand, wrist, and right elbow pain, with diffuse pain all over the body with weakness and insomnia. Physical examination of the bilateral upper extremities was noted to show a positive handshake test bilaterally with right side greater than left, pain in the lateral condyle region bilaterally with wrist extension against resistance, intrinsic weakness bilaterally, and tenderness in the CMC joint space with positive CMC grind test bilaterally, right side greater than the left. Examination of the bilateral hands and wrists was noted to show a positive Tinel's sign, bilaterally and positive Phalen's maneuver. The diagnoses were listed as myofascial regional pain syndrome, right shoulder impingement syndrome, right elbow lateral epicondylitis, and bilateral carpal tunnel syndrome per nerve conduction studies. The injured worker's conservative treatments were noted to have included a home exercise program, and oral, topical, and injected medications. The Physician requested authorization for Prilosec 20mg #60 with one refill, Cymbalta 30mg #60, Voltaren gel 1% 100grams, Zolpidem 10mg #60, and twelve aquatic therapy sessions. On November 11, 2014, Utilization Review evaluated the request for Prilosec 20mg #60 with one refill, Cymbalta 30mg #60, Voltaren gel 1% 100grams, Zolpidem 10mg #60, and twelve aquatic therapy sessions, citing the MTUS Chronic Pain Medical Treatment Guidelines, the National Guideline Clearinghouse, the University of Michigan Health System, and the Official Disability Guidelines (ODG). The UR Physician noted the requests for the Prilosec and Cymbalta were certified. The UR Physician noted the injured worker had been utilizing topical NSAIDs for beyond the guideline recommended four to twelve weeks, and the provided records did not demonstrate significant

clinical findings to warrant ongoing use of a medication that is not recommended for long term use. Therefore, the request for Voltaren gel 1% 100grams was non-certified. The UR Physician noted the injured worker had no evidence of recent Zolpidem use, so a trial was warranted, however guidelines do not recommend use beyond two to six weeks, therefore, the request was modified to Zolpidem 10mg #42, with the additional 18 pills non-certified. The UR Physician noted the provided records did not indicate that the injured worker required reduced weight bearing, and in the absence of clinical findings that demonstrate a need for reduced weight bearing aquatic therapy was not appropriate. Therefore, the request for twelve aquatic therapy sessions was non-certified. The decisions were subsequently appealed to Independent Medical Review.

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

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

#### **1 Prescription of Voltaren gel 1% 100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker sustained a work related injury on 3/17/2001. Diagnoses include myofascial regional pain syndrome, right shoulder impingement syndrome, right elbow lateral epicondylitis, and bilateral carpal tunnel syndrome. Conservative treatments included a home exercise program, and oral, topical, and injected medications. Report of 10/23/14 from the provider noted the injured worker with continued intermittent right shoulder pain, intermittent bilateral hand, wrist, and right elbow pain, with diffuse pain all over the body with weakness and insomnia. Treatment included continuing with medications. Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury of 2001. 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 request for 1 prescription of Zolpidem 10mg #60 is not medically necessary and appropriate.

#### **1 Prescription of Zolpidem 10mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

**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:** The injured worker sustained a work related injury on 3/17/2001. Diagnoses include myofascial regional pain syndrome, right shoulder impingement syndrome, right elbow lateral epicondylitis, and bilateral carpal tunnel syndrome. Conservative treatments included a home exercise program, and oral, topical, and injected medications. Report of 10/23/14 from the provider noted the injured worker with continued intermittent right shoulder pain, intermittent bilateral hand, wrist, and right elbow pain, with diffuse pain all over the body with weakness and insomnia. Treatment included continuing with medications. Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury of 2001. 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 request for 1 prescription of Zolpidem 10mg #60 is not medically necessary and appropriate.

## **12 Aquatic Therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** The injured worker sustained a work related injury on 3/17/2001. Diagnoses include myofascial regional pain syndrome, right shoulder impingement syndrome, right elbow lateral epicondylitis, and bilateral carpal tunnel syndrome. Conservative treatments included a home exercise program, and oral, topical, and injected medications. Report of 10/23/14 from the provider noted the injured worker with continued intermittent right shoulder pain, intermittent bilateral hand, wrist, and right elbow pain, with diffuse pain all over the body with weakness and insomnia. Treatment included continuing with medications and aquatic therapy. Aquatic

therapy does not seem appropriate as the patient has received land-based physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a home exercise program. The patient has completed formal sessions of physical therapy and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The request for 12 aquatic therapy sessions is not medically necessary and appropriate.