

Case Number:	CM15-0003569		
Date Assigned:	02/03/2015	Date of Injury:	01/03/2009
Decision Date:	03/26/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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 is a 67 year old male who sustained a work related laceration injury to his left hand, wrist, first and fifth digits on January 3, 2009. The injured worker underwent left hand digital nerve exploration with release of adhesions and left Guyon/carpal tunnel release in September 2009 and January 2010, and external pin fixation for fracture of the fifth metacarpal of the left hand. The injured worker was diagnosed with complex regional pain syndrome left upper extremity, Reflex Sympathetic Dystrophy Syndrome (RSD), major depressive disorder and erectile dysfunction. According to the primary treating physician's progress report on November 14, 2104 the injured worker continues to experience severe and unbearable pain. The injured worker's left hand was in a protective glove, was cold with color changes with severe allodynia to light touch. Current medications consist of Roxicodone, Cymbalta, Neurontin, Dexilant, Gabapentin, Viagra and Lyrica. A failed trial spinal cord stimulator (SCS) in October 2011 was documented. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for 1 prescription of Lyrica 100mg; 1 prescription of Ambien 10mg. On December 9, 2014 the Utilization Review denied certification for 1 prescription of Lyrica 100mg; 1 prescription of Ambien 10mg. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and alternative guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Ambien/Zolpidem Insomnia treatment

Decision rationale: The patient is a 67 year old male who presents with unrated "unbearable" pain to the left upper extremity which is poorly controlled by medications. The patient's date of injury is 01/03/09. Patient is status post digital nerve exploration/adhesion release and Guyon/Carpal tunnel release at a date unspecified. The request is for 1 PRESCRIPTION OF AMBIEN 10MG. The RFA was not provided for this request. Physical examination dated 11/14/14 describes that patient's injured left hand remains in protective glove and is cold with color changes and severe allodynia to light touch. No other objective findings are included. The patient is currently prescribed Roxicodone, Lyrica, Neurontin, Ambien, Dexilant, Prilosec, Viagra, and Alprazolam. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In regards to the request for Ambien, the treater has not specified an amount of the medication to be dispensed and has exceeded guideline recommendations for short duration therapy. While this patient presents with significant pathology and chronic pain, progress reports provided indicate that this patient has been receiving Ambien since at least 05/02/14. MTUS guidelines specify a 7-10 day period of utilization for this medication. Furthermore, without a quantity to be dispensed the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

1 prescription of Lyrica 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs: Lyrica Page(s): 16.

Decision rationale: The patient is a 67 year old male who presents with unrated "unbearable" pain to the left upper extremity which is poorly controlled by medications. The patient's date of injury is 01/03/09. Patient is status post digital nerve exploration/adhesion release and Guyon/Carpal tunnel release at a date unspecified. The request is for 1 PRESCRIPTION OF LYRICA 100MG. The RFA was not provided for this request. Physical examination dated 11/14/14 describes that patient's injured left hand remains in protective glove and is cold with color changes and severe allodynia to light touch. No other objective findings are included. The patient is currently prescribed Roxicodone, Lyrica, Neurontin, Ambien, Dexilant, Prilosec, Viagra, and Alprazolam. Diagnostic imaging was not included. Patient is classified as permanent

and stationary. MTUS guidelines, page 16 states the following regarding Lyrica: "Pregabalin - 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." In regards to the request for Lyrica, treater has not specified an amount of the medication to be dispensed or documented improvement attributed to this medication. Progress reports provided indicate that this patient has been receiving Lyrica since at least 02/07/14, though no subjective reports of pain improvement attributed to this medication are provided. Furthermore, without a quantity to be dispensed the medical necessity cannot be substantiated. The request IS NOT medically necessary.