

<b>Case Number:</b>	CM15-0135762		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 66-year-old female, who sustained an industrial injury on 10/16/2000. Diagnoses include complex regional pain syndrome right arm, left carpal tunnel syndrome, sleep disorder related to chronic pain syndrome and opiate dependence therapeutic. Treatment to date has included surgical intervention (release left thumb A1 pulley on 7/31/2007) as well as conservative treatment including diagnostics, work restriction, activity modification, medications, right wrist bracing, and injections. Current medications include Baclofen, Ambien and Norco. Per the Pain Management Progress Report dated 5/28/2015, the injured worker reported less was switched from Vicodin to Oxycodone due to elevated liver enzymes. She developed a whole body rash after switching medications and states less good pain relief from the Oxycodone. Her pain is rated as 7/10 and predominantly located in the right arm. Physical examination revealed calm, thin, fluid speech. She is wearing a right wrist brace. There is evidence of a macular rash on arm, torso and breast. The plan of care included medication management and authorization was requested for Ambien 10mg #30, Oxycodone 5mg #180, Dilaudid 2mg #150 and Baclofen 10mg 3120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Hydromorphone (Dilaudid) 2mg #150: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

**Decision rationale:** Yes, the request for hydromorphone (Dilaudid), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Dilaudid are seen as an effective method in controlling chronic pain. Here, the request was framed as a first-time request for Dilaudid, seemingly furnished on the grounds that previously provided Oxycodone was ineffectual and/or had produced rash and also on the grounds that the applicant had developed transaminase while on Norco. Introduction of Dilaudid, thus, was indicated on or around the date in question, May 28, 2015. The applicant did report pain complaints as high as 7/10 on that date. A trial of Dilaudid was indicated to combat the same. Therefore, the first-time request for Dilaudid was medically necessary.

**1 prescription of Baclofen 10mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

**Decision rationale:** Conversely, the request for Baclofen was not medically necessary, medically appropriate, or indicated here. The attending provider reported on May 28, 2015 the request for Baclofen represented a renewal or extension request for the same. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that Baclofen is recommended orally for the treatment of spasticity, muscle spasm associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for paroxysmal neuropathic pain, as was/is present here in the form of the applicant's alleged complex regional pain syndrome, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations. Here, however, the applicant's work status was not reported on multiple occasions, including on May 28, 2015 Pain complaints as high as 7/10 was reported on May 28, 2015, despite ongoing Baclofen usage. Ongoing usage of Baclofen failed to curtail the applicant's dependence on a variety of opioid agents to include Dilaudid, Oxycodone, etc. It did not appear the applicant was working as of the dates in question, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing Baclofen usage. Therefore, the request was not medically necessary.

## **1 prescription of Ambien 10mg #30 with 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 (ODG) Pain (Chronic) Zolpidem (Ambien) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

**Decision rationale:** Similarly, the request for Ambien (zolpidem), sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA-labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Similarly, ODG's Mental Illness and Stress Chapter, Zolpidem Topic also notes that Ambien is not recommended for long-term use purposes. Here, however, the 30-tablet, two-refill supply of Ambien at issue, in and of itself, represented treatment which ran counter to the ODG position on long-term usage of Ambien. The attending provider failed to furnish a clear or compelling rationale for continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

## **1 prescription of Oxycodone 5mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; 7 When to Continue Opioids Page(s): 7; 80.

**Decision rationale:** Finally, the request for Oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on May 28, 2015. It did not appear, however, that the applicant was working as of that point in time. The applicant continued to report pain complaints as high as 7/10, it was acknowledged on that date. The applicant herself reported on May 28, 2015 that Oxycodone was "not effective." It did not appear, in short, that the applicant met criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of Oxycodone. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines also stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the applicant had developed a rash with Oxycodone usage, it was stated on May 28, 2015. Discontinuation of the offending drug, Oxycodone, seemingly represented a more appropriate option than continuation of the same. Therefore, the request was not medically necessary.