

<b>Case Number:</b>	CM15-0145359		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained a work related injury November 1, 2011. Past history included status post left carpal tunnel release revision surgery April 18, 2015, status post right and left carpal tunnel release, right and left DeQuervain's release, 1980, status right 1st CMC (carpometacarpal joints) interposition arthroplasty January 2014, status post trigger finger release, fourth and fifth, right hand December, 2014, diabetes mellitus and hypertension. According to a primary treating physician's progress report, dated June 2, 2015, the injured worker reports the right wrist and hand are getting better gradually. She also reports insomnia due to pain and anxiety. Physical examination revealed a well-healed incision secondary to surgery right wrist and hand. There is decreased grip strength of the left hand. Some handwritten notes are difficult to decipher. Diagnoses are status post right carpal tunnel release; status post left carpal tunnel release March 18, 2015. Treatment plan included to continue with physical therapy and at issue, a request for authorization for Norco, Ambien, Fexmid, and Voltaren ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. This worker has been on Norco for at least several months with no documented improvement in pain or function attributable to the use of Norco. The presence or absence of side effects or appropriate medication use was not documented. A drug screen indicated the worker was not taking the medication. The request is not medically necessary.

**Ambien 10mg, #60:** 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, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress/zolpidem.

**Decision rationale:** According to the ODG, zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term treatment of insomnia. It is approved for short-term (usually two to six weeks) treatment of insomnia. There is concern that pain relievers such as zolpidem may increase pain and depression overtime. According to the record, this worker reports insomnia due to pain and anxiety. The worker does have diagnoses of depression and pain that can be worsened by this medication. Furthermore, this worker has been on this medication for at least several months, which far exceeds the short-term recommendation. No justification has been provided in the medical record for exceeding these guidelines or of non-prescriptive methods to improve sleep. Zolpidem is not medically necessary.

**Fexmid 7.5mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Fexmid (cyclobenzaprine) is a muscle relaxant. Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Fexmid are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Fexmid is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The medical record indicates that this worker has already been on this medication for at least several months, which exceeds the guidelines. Furthermore, there is no documentation of muscle spasm or benefit from the medication. The request is not medically necessary.

**Voltaren ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** Voltaren (Diclofenac) is an NSAID indicated for osteoarthritis and ankylosing spondylitis. Non-steroidal anti-inflammatory drugs in general may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. The medical record states the medication is being given for inflammation but there is no documentation of reduction in inflammation or pain in response to this medication. Although the short-term use of an NSAID for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. The request is not medically necessary.