

<b>Case Number:</b>	CM15-0180713		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on April 19, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for Complex Regional Pain Syndrome (CRPS)-1 right upper extremity, status post cervical sympathetic injection with good relief, status post rotator cuff surgery, and anxiety secondary to orthopedic condition-panic attack. The Treating Physician's report dated June 12, 2015, noted the injured worker status post a sympathetic injection for Complex Regional Pain Syndrome (CRPS)-1 on May 18, 2015, with 75% pain relief in the neck and arms with good relief for 4-6 weeks, decreasing medication use by approximately 20%, moderate functional ability increase, and increased activity level and endurance with better ability to grasp items better. The injured worker was noted to have had a panic attack, falling down and injuring his chest, noted to have improved. The objective findings were noted to include an improved right upper extremity tremor, increased sensitivity, negative hyperhidrosis, and decreased range of motion (ROM) and pain with the right shoulder restricted range of motion (ROM). The treatment plan was noted to include a psychological evaluation and treatment, increase home exercise program (HEP) orthopedic consultation for the right shoulder, a refill of the medications including Ambien, Cymbalta, Percocet, and Elavil, and plans for a urine drug screen (UDS) at the next visit. Prior treatments have included sympathetic injection for Complex Regional Pain Syndrome (CRPS)-1 on February 2, 2015 with 75% pain relief in the neck and 75% relief in the arms with good relief for 4-6 weeks and medication use decreased by approximately 20%., right shoulder surgery in 2013, left shoulder surgery in 2012, and medication, including Neurontin,

Elavil, Cymbalta, Ambien, and Percocet, all noted to have been prescribed since at least January 23, 2015. The request for authorization dated July 10, 2015, requested Neurontin 300 mg 1 tablet 3 times a day #90, Elavil 50 mg 1 tablet at bedtime #30, Cymbalta 30 mg 1 tablet 2 times a day #60, Ambien 10 mg 1 tablet at bedtime #30, and Percocet 10/325 mg 1 tablet every 6 hours #120. The Utilization Review (UR) dated August 6, 2015, certified the requests for Neurontin 300 mg 1 tablet 3 times a day #90, Elavil 50 mg 1 tablet at bedtime #30, and Cymbalta 30 mg 1 tablet 2 times a day #60, and modified the requests for Ambien 10 mg 1 tablet at bedtime #30 to certify #15 for weaning purposes with the remaining #15 non-certified, and Percocet 10/325 mg 1 tablet every 6 hours #120 with certification of #60 for weaning purposes with the remaining #60 non-certified.

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

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

**Ambien 10 mg 1 tablet at bedtime #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

**Decision rationale:** Guidelines state that Ambien may be used short term for treatment of insomnia. In this case, provided documentation does not contain any complaints of insomnia or any of the patients sleep habit hygiene. The request for Ambien 10 mg #30 is not medically appropriate and necessary.

**Percocet 10/325 mg 1 tablet every 6 hours #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is evidence of significant pain relief or increased function from the opioids used to date. However, random drug testing, and opioid contract were not discussed. Therefore, the request for Percocet 325/10 mg #120 is not medically necessary.