

<b>Case Number:</b>	CM15-0181403		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 male with a date of injury on 02-25-2011. Diagnoses include left shoulder status post arthroscopy with decompression acromioplasty and debridement on 01-06-2012, post traumatic impingement-left shoulder, right shoulder sprain-impingement, status post right hip arthroscopy on 10-30-2013-continued right hip pain, and possible cubital tunnel syndrome-right upper extremity. An orthopedic progress report dated 07-06-2015 documents the injured worker has complaints of paresthesias and numbness in his right upper extremity. His right elbow shows he has range of motion of 0 to 135 degrees. He walks with a limp and uses a cane. He has a subluxatable ulnar nerve with a positive Tinel's sign. An Electromyography-Nerve Conduction Velocity is recommended for his right upper extremity to rule out cubital tunnel syndrome. He is to follow up for a potential right hip replacement. In a physician note dated 07-20-2015, the injured worker presented complaining of constant left shoulder pain rates as 4 out of 10. Left shoulder range of motion: flexion 160, extension 25 degrees, abduction 160 degrees, adduction 40 degrees, internal rotation 60 degrees and external rotation is 60 degrees. He was dispensed Cyclobenzaprine, Naproxen Sodium, and was prescribed Nucynta and Lidocaine 5% patches. A Urine drug screen was obtained. A report of an unofficial right hip x-ray revealed end stage right hip osteoarthritis. A report of a urine drug screen done on 06-22-2015 was consistent. He has been on Nucynta and Lidoderm patches since at least 04-06-2015. The injured worker remains off work. Treatment to date has included diagnostic studies, medications, physical therapy, cortisone injections to his right hip; status post left shoulder arthroscopy, status post right hip arthroscopy, and status post carpal tunnel release on the right in

2014. The medical records note that the injured worker has been prescribed Nucyta, Flexeril and Ambien since at least August 2013. The injured worker complained of insomnia on an 8/4/14 agreed medication evaluation. On 08-12-2015 the Utilization Review non-certified the requested treatment Retrospective Lidocaine (DOS 7/20/15), Retrospective Nucynta (DOS 7/20/15), Retrospective Nasal Function Study (DOS 7/28/15), Retrospective Sleep Study (DOS 7/28/15), and Retrospective Zolpidem Tartrate (DOS 7/20/15).

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

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

#### **Retrospective Nucynta (DOS 7/20/15): 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, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Nucynta.

**Decision rationale:** The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. In addition, per ODG, Tapentadol (Nucynta) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The medical records do not establish failure of first line therapy. The request for Retrospective Nucynta (DOS 7/20/15) is not medically necessary and appropriate.

#### **Retrospective Zolpidem Tartrate (DOS 7/20/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 07/15/2015; Mosby's Drug Consult.

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

**Decision rationale:** According to ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications 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. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The medical records noted that this medication has been prescribed since at least August 2013 and the long-term use of Zolpidem is not supported. The request for Retrospective Zolpiderm Tartrate (DOS 7/20/15) is not medically necessary and appropriate.

**Retrospective Lidocaine (DOS 7/20/15): 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): Lidoderm (lidocaine patch).

**Decision rationale:** As noted in the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. The medical records do not establish attempt and failure of first-line therapy as noted by the MTUS guidelines. The request for Retrospective Lidocaine (DOS 7/20/15) is not medically necessary and appropriate.

**Retrospective Sleep Study (DOS 7/28/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 07/15/2015.

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

**Decision rationale:** According to ODG, polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In this case, the injured worker complained of insomnia as noted in a report dated 8/4/14. However, as noted by evidence-based guidelines, sleep study is not supported for routine evaluation of insomnia. The medical records do not establish failure of good sleep hygiene and exclusion of psychiatric etiology. The request for retrospective sleep study (DOS 7/28/15) is not medically necessary and appropriate.

**Retrospective Nasal Function Study (DOS 7/28/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203739>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203739/>.

**Decision rationale:** According to nih.gov, obstructive sleep apnoea syndrome is a disease characterized by a collapse of the pharyngeal airway resulting in repeated episodes of airflow cessation, oxygen desaturation, and sleep disruption. The pathophysiology of obstructive sleep apnoea syndrome involves the development of pharyngeal airway narrowing. The pharyngeal airway may behave like a Starling resistor due to decreased upper airway muscle tone and phasic inspiratory activity during sleep. The medical records do not establish concern of obstructive sleep apnoea syndrome to support a nasal function study test. Complaints of insomnia would not support this study. The request for Retrospective Nasal Function Study (DOS 7/28/15) is not medically necessary and appropriate.