

<b>Case Number:</b>	CM15-0195412		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female with an industrial injury dated 10-20-2000. A review of the medical records indicates that the injured worker is undergoing treatment for causalgia of upper limb, reflex sympathetic dystrophy (RSD) not otherwise specified and encounter for long-term use of other medications. According to the progress note dated 09-10-2015, reported joint pain, joint stiffness and joint swelling. The injured worker reported improvement with medication regimen. Pain level was 4 out of 10 on a visual analog scale (VAS) with Norco. Pain level unchanged since last visit on 08-13-2015. The injured worker reported taking melatonin for sleep. Current medications include Effexor, Gabapril, Hydrocodone, Ambien and Lidoderm. Objective findings (08-13-2015, 09-10-2015) revealed no acute distress, no signs of intoxication or withdrawal, normal gait and posture. Treatment has included urine drug screen on 09-10-2015, prescribed medications, night brace, inferential unit, heat therapy, and periodic follow up visits. The treating physician reported that the Cures report was consistent. The injured worker is on modified work duty. The treatment plan consisted of medication management. The treating physician initiated Zolpidem Tartrate and discontinued Ambien. The utilization review dated 09-30-2015, non-certified the request for Zolpidem Tartrate 10mg #30 with 2 refills and urine drug screen for date of service 09-10-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tartrate 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, Pain (Acute & Chronic): Zolpidem (Ambien) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2000 when, while crossing the street, she fell in a crosswalk on her elbow and both knees. She was diagnosed with a left olecranon fracture and underwent ORIF. In January 2001 she underwent removal of hardware and a left ulnar nerve transposition with minimal relief. She continues to be treated for left upper extremity pain including a diagnosis of CRPS. When seen, she was recently doing well with all medications being covered and filled. She had pain rated at 4/10. She was decreasing her use of Norco with use of Lidoderm and TENS. She was continuing to use a night elbow flexion brace. She was working [REDACTED] [REDACTED] [REDACTED]. Physical examination findings included a body mass index of over 39. She was noted to be rubbing her left arm. Recommendations included continued use of paraffin wax. Norco, Lidoderm, and zolpidem, and tigabine were refilled. Urine drug screening was performed. In December 2014 and March 2015 and had been consistent with the prescribed medications. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's two prior urine drug screening tests within the past year were consistent with the medications prescribed. In this case, the claimant would be considered at low risk for medication misuse. This request for a third urine drug screening in less than 12 months is not considered medically necessary.

**Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2000 when, while crossing the street, she fell in a crosswalk on her elbow had both knees. She was diagnosed with a left olecranon fracture and underwent ORIF. In January 2001 she underwent removal of hardware and a left ulnar nerve transposition with minimal relief. She continues to be treated for left upper extremity pain including a diagnosis of CRPS. When seen, she was recently doing well with all medications being covered and filled.

She had pain rated at 4/10. She was decreasing her use of Norco with use of Lidoderm and TENS. She was continuing to use a night elbow flexion brace. She was working [REDACTED]. Physical examination findings included a body mass index of over 39. She was noted to be rubbing her left arm. Recommendations included continued use of paraffin wax. Norco, Lidoderm, and zolpidem, and tigabine were refilled. Urine drug screening was performed. In December 2014 and March 2015 and had been consistent with the prescribed medications. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's two prior urine drug screening tests within the past year were consistent with the medications prescribed. In this case, the claimant would be considered at low risk for medication misuse. This request for a third urine drug screening in less than 12 months is not considered medically necessary.