

<b>Case Number:</b>	CM15-0218447		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/05/2007
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 43 year old female who sustained an industrial injury on 07-05-2007. On 04-13-2015, MR of the right wrist showed that there may be a tiny partial tear in the distal radial side of the TFCC. This possible tear does not appear to involve the full thickness of the TFCC. The scapholunate and lunotriquetral ligaments are intact. A few tiny cysts are seen in the dorsal aspect of the lunate. A 5mm probable ganglion cyst just distal to the pisiform bone was noted. According to a partially legible handwritten progress report dated 09-29-2015, subjective complaints included chronic bilateral upper extremity aching. Meds made "a little tolerable". Surgery was proposed and peer review denied. Objective findings included bilateral upper extremity tenderness and finger flexion plus 50%. Diagnoses included bilateral overuse syndrome. The treatment plan included Norco 10-325 mg 2 four times a day, Zolpidem 10 mg at bedtime and Methadone 10 mg four times a day. Work status was not addressed in this report. Documentation submitted for showed use of Norco and Methadone dating back to May 2015. Urine toxicology reports were not submitted for review. On 10-20-2015, Utilization Review non-certified the request for Norco 10-325 mg 2 four times a day, Zolpidem 10 mg bedtime and Methadone 10 mg four times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 2 qid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids for neuropathic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in July 2007. She continues to be treated for chronic bilateral upper extremity pain. She has numbness and tingling in both hands and burning pain with nighttime awakening. An MRI of the right wrist in April 2015 included findings of a tiny partial triangular fibrocartilage complex tear. In August 2015 she was having steady hand pain bilaterally with frequent stabbing. She was having more intense headaches. In September 2015 there had been no change. Medications were making it a little tolerable. Hand surgery had been recommended. Physical examination findings included bilateral upper extremity tenderness and decreased finger flexion. Medications were continued including Norco and methadone being prescribed at a total MED (morphine equivalent dose) of 400 mg per day. Zolpidem was being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than three times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that opioid medications are providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.

**Zolpidem 10mg hs:** 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 Chapter (updated 10/09/15).

**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 sustained a cumulative trauma work injury with date of injury in July 2007. She continues to be treated for chronic bilateral upper extremity pain. She has numbness and tingling in both hands and burning pain with nighttime awakening. An MRI of the right wrist in April 2015 included findings of a tiny partial triangular fibrocartilage complex tear. In August 2015 she was having steady hand pain bilaterally with frequent stabbing. She was having more intense headaches. In September 2015 there had been no change. Medications were making it a little tolerable. Hand surgery had been recommended. Physical examination findings included bilateral upper extremity tenderness and decreased finger flexion. Medications were continued including Norco and methadone being prescribed at a total MED (morphine equivalent dose) of 400 mg per day. Zolpidem was being prescribed on a long-term basis.

Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain, possibly from carpal tunnel syndrome. Further management of this condition would be the expected treatment. Additionally, conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The requested Ambien is not medically necessary.

**Methadone 10mg qid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in July 2007. She continues to be treated for chronic bilateral upper extremity pain. She has numbness and tingling in both hands and burning pain with nighttime awakening. An MRI of the right wrist in April 2015 included findings of a tiny partial triangular fibrocartilage complex tear. In August 2015 she was having steady hand pain bilaterally with frequent stabbing. She was having more intense headaches. In September 2015 there had been no change. Medications were making it a little tolerable. Hand surgery had been recommended. Physical examination findings included bilateral upper extremity tenderness and decreased finger flexion. Medications were continued including Norco and methadone being prescribed at a total MED (morphine equivalent dose) of 400 mg per day. Zolpidem was being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than three times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that opioid medications are providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not medically necessary.