

Case Number:	CM15-0054627		
Date Assigned:	05/12/2015	Date of Injury:	08/26/2003
Decision Date:	06/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on August 26, 2003. She reported burning pain going up into her right forearm to the shoulder while working as a seamstress. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment, bilateral lateral epicondylitis, and left shoulder impingement syndrome. Treatment to date has included bracing, MR arthrogram, physical therapy, and medication. Currently, the injured worker complains of bilateral wrist and hand pain with swelling and numbness especially at the joints of both hands, left shoulder pain, and depression. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker reported that medications were helpful for all her problems. The injured worker's current medications were listed as Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco, and topical compound cream. Physical examination was noted to show the left shoulder with tenderness to palpation over the acromioclavicular joint, decreased range of motion (ROM) secondary to pain and stiffness, and positive Neer's, Hawkin's, and O'Brien's tests. The bilateral elbows were noted to have tenderness to palpation over the lateral epicondyle bilaterally, and examination of the bilateral wrists and hands noted to have positive Tinel's and Phalen's signs bilaterally. The treatment plan was noted to include continued use of medications and topical cream with prescribed and dispensed Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, and topical cream, a request for a MRI scan of the left shoulder, a request for a PRP injection to the left shoulder, request for authorization for bilateral carpal tunnel release, and a request for authorization for urine toxicology testing.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 pain relief lasts. In this case the medical records show that the injured worker has been taking Norco on a long term basis as well as Ultram ER. The records do not document presence or absence of aberrant pain behaviors or signs of abuse. Side effects are not addressed. Although medications are noted to be helpful with some decreased pain, specific functional improvement is not noted there is no complete pain assessment to include: 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 pain relief lasts, as noted in the MTUS. Without appropriate documentation for ongoing use, as required by the MTUS, the request for Norco 10/325 #120 is not medically necessary.

1 Urine toxicology screen with confirmatory analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 and 78.

Decision rationale: The MTUS discusses urine drug screening in the chronic pain medical treatment guideline. It is recommended as an option to assess for use or prevalence of illegal drugs. It also recommends use of urine drug screening for ongoing management when there are issues of abuse, addiction or poor pain control. The medical records do confirm the long term use of opioid pain medications and urine drug testing has been performed appropriately within

the guidelines. The last urine toxicology is reported on 1/30/15 with the results being consistent with current prescribed medications. The injured worker's drug screening tests have not identified any evidence for diversion, use of illicit drugs or any other concerns. At this time another urine toxicology screen, without documentation of abuse, addiction or aberrant drug behaviors is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, insomnia, benzodiazepines.

Decision rationale: Restoril (temazepam) is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The ODG guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3- fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. Benzodiazepines are Not Recommended as first-line medications by ODG. The ODG notes that FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for

abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The ODG guidelines recommend Non-Benzodiazepine sedative- hypnotics (Benzodiazepine-receptor agonists) as first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). The medical records do not document use of a first line agent for insomnia such as zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). There is no diagnosis of insomnia or justification/rationale for the request. The request for Restoril 30mg #30 is not medically necessary.