

<b>Case Number:</b>	CM15-0056548		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Arizona, Michigan  
 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 52-year-old female, who sustained an industrial injury on 6/16/12. The injured worker was diagnosed as having chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy and myositis/myalgia. Treatment to date has included right suprascapular nerve block, oral medications including opioids, physical therapy and home exercise program. (MRI) Magnetic resonance imaging of cervical spine was performed on 9/19/13. Currently, the injured worker complains of neck pain with numbness in bilateral upper extremities to hands, upper extremity pain in right shoulder, occipital headaches and insomnia. Upon physical exam, spasm is noted in the right trapezius muscle with spinal vertebral tenderness in cervical spine and decreased range of motion of cervical spine and tenderness is noted on palpation at right anterior shoulder with increased range of motion of right shoulder since previous visit. The injured worker states the use of Hydrocodone resulted in 60% improvement in pain. The treatment plan consisted of home exercise program, acupuncture therapy and medications including Norco, Voltaren gel, Zolpidem, Ketoprofen and Naloxone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 5mg #15, per 2/23/15 order: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

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

**Decision rationale:** The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. A review of the injured workers medical records reveal a diagnosis of insomnia that has improved with the use of zolpidem, therefore the request for Zolpidem 5mg #15, per 2/23/15 order is medically necessary.

**Hydrocodone 10/325mg #120, per 2/23/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. In addition, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement with the use of Norco per MTUS recommendations for ongoing management, therefore the continued use of Hydrocodone 10/325mg #120, per 2/23/15 order is medically necessary.

**Voltaren 1% gel, #3, per 2/23/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory drugs Page(s): 111-112; 67, 68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. "FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus." A review of the injured workers medical records reveal that the injured worker has pain in her cervical spine and right shoulder with documentation of improved pain and functional ability with the use of voltaren gel, therefore the continued use of voltaren gel is medically necessary in this injured worker.

**Naloxone 0.4/4ml syringe Evzio emergency kit #1, per 2/23/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Naloxone (Narcan).

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

**Decision rationale:** The MTUS/ ACOEM did not specifically address the use of Naloxone and therefore other guidelines were consulted. Per the ODG, Naloxone is not recommended except on a case-by-case basis after preauthorization, as naloxone is not generally recommended in ODG for outpatient, pre-hospital use by untrained lay users. Evzio is an FDA-approved naloxone drug-device combination indicated for the emergency treatment of opioid overdose. The device is designed to guide an untrained lay user through the process of use for overdose reversal. It is labeled for prehospital lay use. It does not require pre use training nor does it require assembly. The ODG lists multiple criteria for prescribing naloxone and a review of the injured workers medical records do not show that she meets the criteria for naloxone use, as listed in the ODG, therefore the request for Naloxone 0.4/4ml syringe Evzio emergency kit #1, per 2/23/15 order is not medically necessary.