

<b>Case Number:</b>	CM15-0058879		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Washington

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 56-year-old female who reported an injury on 09/30/2003. The injured worker was a passenger on a train involved in an accident. The current diagnoses include degeneration of cervical intervertebral disc, chronic pain syndrome, lumbosacral radiculitis, and lumbar postlaminectomy syndrome, the injured worker presented on 03/18/2015 for a follow-up evaluation. It was noted that the injured worker reported mild improvement after a major surgery. The injured worker could walk half a block with a walker, and also utilized a cane for ambulation assistance in the home. The injured worker reported an improvement in symptoms with the use of the current medication regimen. The current medication regimen includes fentanyl 75 mcg, gabapentin 300 mg, hydrocodone 10/325 mg, oxycodone 30 mg, and hydroxyzine HCl 25 mg. There was no comprehensive physical examination provided on the requesting date. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg tablet Qty 210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically necessary.

**Fentanyl 75 mcg/hr Transdermal Patch Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 93, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**Decision rationale:** California MTUS Guidelines do not recommend fentanyl transdermal system as a first line therapy. It is indicated in the management of chronic pain and patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of a failure of first line treatment. There is also no evidence of objective functional improvement. The current request does not include the frequency of the medication. Given the above, the request is not medically necessary.

**Zolpidem 10 mg tablet Qty 30 with 3 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 chapter - 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) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has continuously utilized the above medication since 11/2014. Guidelines do not support long term use of hypnotics. The request for an additional 3

refills would not be supported. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Hydroxyzine HCL (hydrochloride) 25 mg tablet Qty 90 with 4 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 chapter - Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 28 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Hydroxyzine. Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal.

**Decision rationale:** According to the U.S. National Library of Medicine, hydroxyzine is used to relieve itching caused by allergies and to control nausea and vomiting caused by various conditions. It is also used for anxiety and to treat symptoms of alcohol withdrawal. The injured worker currently utilizes hydroxyzine HCl 25 mg on an as needed basis for itching. The injured worker has continuously utilized the above medication since 11/2014. Documentation of an improvement in symptoms was not provided. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.