

<b>Case Number:</b>	CM15-0089484		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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  
 Certification(s)/Specialty: Emergency 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 48 year old female injured worker suffered an industrial injury on 04/14/1998. The diagnoses included chronic regional pain syndrome, global muscular atrophy secondary to disuse and chronic back pain. The diagnostics included right upper extremity electromyographic studies and computerized tomography of the right wrist. The injured worker had been treated with medications, acupuncture and spinal cord stimulator. On 4/8/2014 the treating provider reported neck and bilateral upper and lower extremity complaints. The overall pain was rated 8 to 9/10. She continued to have pain in her right arm and more numbness to both hands. She reports that at times her arm is "dead" and she won't feel her arm. She reported more cramping to the bilateral calves. She needs assistance with activities of daily living as she stated she is severely limited due to pain. She uses a cane and occasionally a wheelchair for mobility. The pain in the bilateral upper extremity pain extended to the neck and right arm. She also reported severe cramping in both hands and new numbness in the fingertips of the right hand. The treatment plan included Norco, Ambien, Lidoderm Patch and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested Norco 5/325mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and bilateral upper and lower extremity complaints. The overall pain was rated 8 to 9/10. She continued to have pain in her right arm and more numbness to both hands. She reports that at times her arm is "dead" and she won't feel her arm. She reported more cramping to the bilateral calves. She needs assistance with activities of daily living as she stated she is severely limited due to pain. She uses a cane and occasionally a wheelchair for mobility. The pain in the bilateral upper extremity pain extended to the neck and right arm. She also reported severe cramping in both hands and new numbness in the fingertips of the right hand. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg, #90 is not medically necessary.

**Ambien 12.5mg, #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 (ODG) Treatment Index, 11th Edition (web), 2013, 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, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Ambien 12.5mg, #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has neck and bilateral upper and lower extremity complaints. The overall pain was rated 8 to 9/10. She continued to have pain in her right arm and more numbness to both hands. She reports that at times her arm is "dead" and she won't feel her arm. She reported more cramping to the bilateral calves. She needs assistance with activities of daily living as she stated she is severely limited due to pain. She uses a cane and occasionally a wheelchair for mobility. The pain in the bilateral upper extremity pain extended to the neck and right arm. She also reported severe cramping in both hands and new numbness in the fingertips of the right hand. The treating physician has not documented current sleep disturbance, results of sleep behavior modification

attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 12.5mg, #30 is not medically necessary.

**Lidoderm Patch #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The requested Lidoderm Patch #2, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck and bilateral upper and lower extremity complaints. The overall pain was rated 8 to 9/10. She continued to have pain in her right arm and more numbness to both hands. She reports that at times her arm is "dead" and she won't feel her arm. She reported more cramping to the bilateral calves. She needs assistance with activities of daily living as she stated she is severely limited due to pain. She uses a cane and occasionally a wheelchair for mobility. The pain in the bilateral upper extremity pain extended to the neck and right arm. She also reported severe cramping in both hands and new numbness in the fingertips of the right hand. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm Patch #2 is not medically necessary.

**Oxycontin 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested Oxycontin 20mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and bilateral upper and lower extremity complaints. The overall pain was rated 8 to 9/10. She continued to have pain in her right arm and more numbness to both hands. She reports that at times her arm is "dead" and she won't feel her arm. She reported more cramping to the bilateral calves. She needs assistance with activities of daily living as she stated she is severely limited due to pain. She uses a cane and occasionally a wheelchair for mobility. The pain in the bilateral upper extremity pain extended to the neck and

right arm. She also reported severe cramping in both hands and new numbness in the fingertips of the right hand. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 20mg, #60 is not medically necessary.