MAXIMUS Federal Services

Case Number:	CM14-0116482		
Date Assigned:	08/04/2014	Date of Injury:	05/02/2009
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who has submitted a claim for carpal tunnel syndrome and other disorders of synovium tendon and bursa associated with an industrial injury date of May 12, 2009. Medical records from 2014 were reviewed. The patient complained of bilateral wrist pain. Progress report dated March 20, 2014 stated that the patient started experiencing symptoms of depression, anxiety, anger, impatience and frustration due to injury. Physical examination showed limitation of motion of the bilateral wrists, decreased grip strength, and positive Phalen's and Tinel's on both hands. The diagnoses were cervical spine degenerative disc disease with radiculopathy, bilateral elbow/forearm lateral epicondylitis, bilateral wrist/hand carpal tunnel syndrome, left knee pain, and ankle pain. Treatment to date has included Norco, Motrin, Soma, Xanax, Dendracin cream, wrist splint, cortisone injection, physical therapy, acupuncture, and left carpal tunnel release. Utilization review from July 2, 2014 denied the request for prospective use of Zolpidem Tartrate because there is no documentation of sleep hygiene, nocturnal awakenings, and daytime sleepiness. The request for prospective use of Alprazolam was denied because current documentation lacks evidence of ongoing psychiatric findings to warrant ongoing use. There was also no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODG formulary. Lastly, the request for prospective use of hydrocodone/APAP because the documentation lacks pain scores to warrant the need of ongoing analgesia from opioids. There was also no documentation of efficacy with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM TARTRATE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the ODG, was used instead. The ODG states Ambien (zolpidem) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, most recent progress reports does not show evidence of sleep issues and disturbances. The patient's sleep pattern was not discussed. There was also no evidence of failure of sleep hygiene techniques to manage sleep problem, if any. The medical necessity has not been established. There was no clear indication for the request. In addition, the request did not specify the dosage and quantity of medication to dispense. Therefore, the request for Zolpidem Tartrate 10mg #30 with 4 refills is not medically necessary.

ALPRAZOLAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, progress report dated March 20, 2014 stated that the patient started experiencing symptoms of depression, anxiety, anger, impatience and frustration. However, more recent progress reports do not show ongoing psychosocial issues that warrant use of this medication. The medical necessity cannot be established. There was no clear indication for the request. In addition, the request did not specify the dosage and quantity of medication to dispense. Therefore, the request for ALPRAZOLAM is not medically necessary.

HYDROCODONE/APAP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of California MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as February 2010. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, the patient still remains off work. The guideline requires documentation of functional and pain improvement for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify the dosage and quantity of medication to dispense. Therefore, the request for HYDROCODONE/APAP is not medically necessary.