

Case Number:	CM14-0121606		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2001
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation 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:

This 49 year-old phlebotomist sustained an injury on 3/6/2001 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Opana ER 20 mg #60, Lidoderm 5% #30, and Zolpidem 10 mg #30. Per QME re-examination of 12/3/09, diagnoses include s/p TKR; chronic low back pain with diffuse osteopenia and radiculitis; bilateral hand/ wrist symptoms with history of right cubital tunnel syndrome, left carpal tunnel syndrome s/p CTR in August, 2005. Conservative care has included medications, physical therapy, subacromial injections, and modified activities/rest. Reports of 8/15/13 and 3/5/14 from the pain management provider noted the patient with failed left TKR with posttraumatic arthrofibrosis. The patient had planned revision surgery postponed for upper extremity injuries with trigger fingers. Diagnoses include failed left TKR x2 with possible hardware loosening; posttraumatic arthrofibrosis; secondary lumbar sprain/strain/ multilevel DDD and right L5 radiculopathy; narcotic tolerant state; s/p right shoulder arthroscopy with SAD and RCR (5/1/07) with residual AC joint arthrosis; s/p right lateral epicondyle release with residual; s/p bilateral CTR with residual; s/p trigger finger release with residual triggering; compensatory, probable left carpal/ cubital tunnel syndrome; overuse syndrome, left shoulder. Exam showed left knee in mobilizer with painful left knee gait; right shoulder with reduced range with impingement; right hand triggering in third to fifth digits. The patient continued on Opana and other medications, remaining TTD. Report of 5/30/14 from the provider noted the patient with follow-up for medication management. The patient has been participating in PT for her upper extremities and has been on a stable dose of Opana ER. Exam showed left shoulder with impingement and pain on palpation; decreased range secondary to pain symptoms; right wrist pain on palpation. The patient underwent in-house urine drug testing which had negative results for opioids later confirmed positive in qualitative testing. Temporary total disability status was continued with

medication refills for Opana, Ambien, Prilosec, Voltaren gel, Gabapentin, Lidoderm %. The request(s) for Opana ER 20 mg #60, Lidoderm 5% #30, and Zolpidem 10 mg #30 were non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20 mg #60: 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status, remaining TTD for years. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Opana ER 20 mg #60 is not medically necessary and appropriate.

Lidoderm 5% #30: Upheld

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

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

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient

is also on multiple other oral analgesics. Lidoderm 5% #30 is not medically necessary and appropriate.

Zolpidem 10 mg #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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien®), pages 877-878

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10 mg #30 is not medically necessary and appropriate.