

<b>Case Number:</b>	CM14-0143823		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Caledonia. 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 48 year old female who was injured on 12/07/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy and acupuncture therapy. Past medications as of 08/08/2014 included Exalgo 40 mg, Percocet 10/325 mg, Lyrica 25 mg, Relafen 750 mg, and Ambien 5 mg. Progress report dated 08/11/2014 documented the patient to have complaints of pain in her hand and wrist which she rated as 9/10 but with medications, the pain comes down to 3-5/10. Objective findings on exam revealed tenderness over the carpal tunnel as well as up towards the trapezius region and increased numbness and tingling with cervical compression. The patient is diagnosed with tenderness to the right palm secondary to ganglion cyst removal; bilateral hand and wrists tenderness; bilateral lateral epicondylitis. The patient has been recommended and prescribed Exalgo 32 mg #30 and 8 mg, Percocet 10/325, Lyrica 50 mg, Relafen 750 mg and Ambien 5 mg. Prior utilization review dated 08/08/2014 by [REDACTED] the requests for Interlaminar ESI cervical spine #1; Ambien 5mg #30; Exalgo 8mg #30 and Lyrica 25mg #180 are not certified as medical necessity has not been established; Percocet 10/325mg #120 is modified to certify Percocet 10/325mg #90. CESI on 11/18/13 did not show pain improvement and patient actually increased opioid use in the next two months. There is no documentation of whether Lyrica is effective for pain relief and no explanation why 25mg at 6/day is provided instead of the 150mg BID, the usual dosing schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar ESI cervical spine #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

**Decision rationale:** According to the guidelines criteria for the use of epidural steroid injections, In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. According to prior utilization review dated 08/08/2014, cervical ESI on 11/18/13 did not show pain improvement and patient actually increased opioid use in the next two months. The medical necessity of repeat ESI is not established.

**Ambien 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Worker's Compensation, Pain Chapter (updated 7/10/14)

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

**Decision rationale:** CA MTUS guideline is silent regarding the request. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Patient appears to be using Ambien chronically, which is not supported by the guidelines. The medical necessity of this request is not established.

**Exalgo 8mg #30:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for

neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established. Weaning is advised to avoid withdrawal symptoms.

**Percocet 10/325mg #120:**

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established. Weaning is advised to avoid withdrawal symptoms.

**Lyrica 25mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Page(s): 16-17.

**Decision rationale:** Lyrica is an anticonvulsant. According to the CA MTUS guidelines, anticonvulsant has been considered as a first-line treatment for neuropathic pain. Given patient reported numbness and tingling in the medical record that reflected neuropathic pain, use of Lyrica is supported by the guidelines. However, Prior utilization review dated 08/08/2014 state that there is no documentation in the medical record on whether Lyrica is effective for pain relief and no explanation why 25mg at 6/day is provided instead of the 150mg BID, the usual dosing schedule. I agree that the medical necessity is not established for Lyrica 25mg at 6/day.