

<b>Case Number:</b>	CM14-0184481		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/03/2003
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 56-year-old woman with a date of injury of 01/03/2003. The submitted and reviewed documentation did not identify the mechanism of injury. The treating physician notes dated 05/16/2014, 07/14/2014, 07/27/2014, and 10/13/2014 indicated the worker was experiencing pain in both wrists, right arm pain that went into the shoulder, and problems sleeping. Documented examinations consistently described a positive Tinel's sign on the right side. Several of the reviewed notes also suggested urinary drug screen testing results was not as expected several times, and the worker was being weaned off of opioid pain medication since before 05/16/2014. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome. Treatment recommendations included oral pain medication, weaning off opioid pain medication, the use of wrist splints, and medication for sleep. A Utilization Review decision was rendered on 10/14/2014 recommending partial certification for ten tablets of Ambien (zolpidem) 10mg and twenty-one tablets of hydrocodone/APAP 5/325mg. A urinary drug screen testing report dated 08/15/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30:** Upheld

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

**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: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 32.0. UpToDate. Accessed 11/23/2014. Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187>

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The reviewed records indicated the worker was experiencing pain in both wrists, right arm pain that went into the shoulder, and problems sleeping. This documentation concluded the worker was suffering from carpal tunnel syndrome. Several of the reviewed notes also suggested urinary drug screen testing results was not as expected several times, and the worker was being weaned off of opioid pain medication since before 05/16/2014. There was no detailed assessment of the worker's sleep issue or a suggestion of failed conservative treatment. The worker was reportedly maintained on this medication since before 05/16/2014 without any indication of benefit. Zolpidem can be habit-forming, and there was a suggestion this worker may have been at increased risk for this issue. There was no discussion supporting the on-going use of this medication in the setting of increased risk. While a tapering wean is often used when zolpidem is no longer of benefit, this degree of increased risk supports stopping this medication more quickly. For these reasons, the current request for thirty tablets of Ambien (zolpidem) 10mg is not medically necessary.

**Hydrocodone/APAP 5/325mg #80:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Hydrocodone and acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include

the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The reviewed records indicated the worker was experiencing pain in both wrists, right arm pain that went into the shoulder, and problems sleeping. Recorded assessments included minimal information and did not meet the Guidelines suggested level of detail. This documentation concluded the worker was suffering from carpal tunnel syndrome. Several of the reviewed notes suggested urinary drug screen testing results was not as expected several times, and the worker was being weaned off of opioid pain medication since before 05/16/2014. There was no indication of any significant benefit from the use of this medication. Hydrocodone can be addictive, and there was a suggestion this worker may have been at increased risk for this issue. There was no discussion supporting the on-going use of this medication in the setting of increased risk. While a tapering wean should be individualized when an opioid medication is no longer of benefit, this degree of increased risk supports stopping this medication more quickly. For these reasons, the current request for eighty tablets of hydrocodone with acetaminophen 5/325mg is not medically necessary.

**Hydrocodone/APAP 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Hydrocodone and acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The reviewed records indicated the worker was experiencing pain in both wrists, right arm pain that went into the shoulder, and problems sleeping. Recorded assessments included minimal information and did not meet the Guidelines suggested level of detail. This documentation concluded the worker was suffering from carpal tunnel syndrome. Several of the reviewed notes suggested urinary drug screen testing results was not as expected several times, and the worker was being weaned off of opioid pain

medication since before 05/16/2014. There was no indication of any significant benefit from the use of this medication. Hydrocodone can be addictive, and there was a suggestion this worker may have been at increased risk for this issue. There was no discussion supporting the on-going use of this medication in the setting of increased risk. While a tapering wean should be individualized when an opioid medication is no longer of benefit, this degree of increased risk supports stopping this medication more quickly. For these reasons, the current request for thirty tablets of hydrocodone with acetaminophen 5/325mg is not medically necessary.