

Case Number:	CM15-0010661		
Date Assigned:	01/28/2015	Date of Injury:	05/01/2012
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on May 1, 2012. She has reported left elbow and wrist strain. The diagnoses have included sprain of wrist, medial epicondylitis, synovitis/tenosynovitis, insomnia, and carpal tunnel syndrome. Treatment to date has included modified duty work status, electrodiagnostic studies, a previous right carpal tunnel release in 1998, and left carpal tunnel release in 2014. Currently, the IW complains of persistent right wrist symptomology, and numbness, tingling type symptomology of the left hand. She reports pain radiation to the right elbow, shoulder and right side of the neck. Current physical findings are noted as two point sensibility 5 mm times five in the right hand, Phalen's sign present, well healed surgical scar on right wrist, tenderness in the medial and lateral epicondyle and right extensor compartment. The records indicate she had been taking Xanax, Gabapentin, Norco, and Zolpidem prior to May 15, 2014. On December 23, 2014, Utilization Review non-certified Hydroco/Apap 10/325 mg, quantity #30, and Zolpidem 5 mg, quantity #30, based on MTUS, and ODG guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of Hydroco/Apap 10/325 mg, quantity #30, and Zolpidem 5 mg, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP 10/325mg quantity 30: 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 CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 09/17/2014 report, this patient presents with "pain at the surgical side as well as numbness." The patient is status post left carpal tunnel release on 08/01/2014. The current request is for Hydroco/Apap 10/325 mg, quantity #30. The request for authorization is on 09/17/2014 with the request for Hydroco/Apap 10/325 mg, #60. The patient's work status is "return to modified work duties as of 09/17/14 with the restrictions." This medication was first mentioned in the 05/29/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

Zolpiderm 5mg quantity 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 Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to the 09/17/2014 report, this patient presents with "pain at the surgical side as well as numbness." The patient is status post left carpal tunnel release on 08/01/2014. The current request is for Zolpidem 5 mg, quantity #30. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 5mg #30. Medical records indicate the patient has been prescribed Ambien since 07/23/2014. The treating physician does not mention that this is for a short-term use. The ODG Guidelines do not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary and the recommendation is for denial.

