

<b>Case Number:</b>	CM15-0013883		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 52-year-old female who reported an injury on 03/29/2011. The mechanism of injury was not provided. Her diagnosis was noted as cervicgia. Her past treatments were noted to include medication, shoulder surgery, carpal tunnel decompression, cervical epidural steroid injection, activity modification, chiropractic therapy, physical therapy, ice, bracing and massage therapy. Her diagnostic studies were noted to include an unofficial MRI performed on 05/20/2014. Her surgical history was noted to include shoulder surgery performed 09/29/2011 and carpal tunnel decompression performed on 02/20/2014. During the assessment on 01/06/2015, the injured worker stated that the pain level was getting worse and she was only able to sleep 2 hours. She indicated that flexion and extension hurt the back. She described the pain in the shoulder as stabbing pain that radiated into the right elbow. She also indicated that she could not grasp with the right wrist. Physical examination revealed a negative compression test with pain and spasms. The range of motion of the cervical spine revealed 30 degrees of flexion, 10 degrees of extension. There was pain with the flexion and extension testing. Her medications were noted to include Percocet 10/325 mg, gabapentin 300 mg, fluocinonide 0.05% cream, naproxen 500 mg, hydrocortisone 1% cream, diphenhydramine HCl 25 mg, diazepam 10 mg, oxycodone/acetaminophen 10/325 mg, zolpidem tartrate 10 mg and clotrimazole 1%. The treatment plan was to continue with current medication regimen and consult a physician to discuss surgery. The rationale for the request was not provided. The Request For Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Tablets of Valium 10mg:** Upheld

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

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

**Decision rationale:** The request for 30 Tablets of Valium 10mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted provided evidence that the injured worker had been on this medication since at least 08/11/2014. As such, the ongoing use is not supported by the evidence based guidelines. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

### **30 tablets of Ambien 10mg:** 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, Zolpidem (Ambien)

**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).

**Decision rationale:** The request for 30 tablets of Ambien 10mg is not medically necessary. The Official Disability Guidelines indicate the zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is recommended for short term treatment of insomnia. The recommended short term treatment is 7 to 10 days. The clinical documentation provided indicated that the injured worker had been using zolpidem since at least 08/11/2014. As such, the ongoing use is not supported by the evidence based guidelines. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

### **180 Tablets of Percocet 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, on-going management Page(s): 78.

**Decision rationale:** The request for 180 Tablets of Percocet 10/325mg is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include current pain level, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker was noted to have been taking Percocet 10/325 mg since at least 08/11/2014. There was no quantified information regarding pain relief. There is a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. As such, the ongoing use of Percocet 10/325 mg is not medically necessary.