

<b>Case Number:</b>	CM15-0121013		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/26/2002
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

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 39 year old female, who sustained an industrial injury on 04/26/2002. She has reported injury to the bilateral upper extremities. The diagnoses have included upper extremity and shoulder arthropathy; cervicgia with right-sided radiculopathy; bilateral lateral epicondylitis; right-sided biceps tendonitis; right-sided cubital and carpal tunnel syndrome; and centralization of pain diagnosed as complex regional pain syndrome in the right upper extremity. Treatment to date has included medications, diagnostics, bracing, and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Norco, Oxycodone, Wellbutrin HCl, Cymbalta, Lyrica, Senna-S, Oxymorphone ER, Zolpidem, and Monarch Pain Cream. A progress report from the treating physician, dated 01/16/2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to experience chronic pain, which includes significant neuropathic pain in the right upper extremity with ongoing allodynia, dysesthesias, and hyperesthesias; she continues with Oxymorphone for the control of baseline pain, and Oxycodone and Norco for control of general pain and breakthrough pain; utilizes the Lyrica and Cymbalta for her neuropathic pain; these medications do significantly reduce her pain levels and improve function and activities of daily living; has associated depression, secondary to her current condition; she has continued with the Wellbutrin for the depression; she has issues with sleep and continues with the Zolpidem; she remains quite stable on her regimen; she continues to utilize her medications appropriately; and she remains functional and able to perform necessary activities of daily living. Objective findings included continues to demonstrate motor weakness in the upper extremities bilaterally, with weakness on the right side, noted at

4+/5; positive Tinel's in the wrists bilaterally; positive Tinel's in the right cubital tunnel; she remains tender over the epicondyles and tender to palpation over the wrists and hands, which is worse on the right side; she continues to wear a support brace on the right upper extremity; there are sensory deficits in the right upper extremity to light touch, thermal, and vibratory sensation; and she has significant myofascial findings with multiple tender and trigger point areas in the upper trapezius muscle groups bilaterally, radiating into the right shoulder and arm. The treatment plan has included the request for Norco 10/325 mg, quantity: 240, 1-2 tabs every 3-4 hours for pain; Oxycodone 15 mg, quantity: 120, 1-2 tabs every 3-4 hours for pain; Zolpidem 10 mg, quantity: 30, every night; and Monarch Pain Cream (dispensed) tubes, quantity: 2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg Qty 240, 1-2 tabs every 3-4 hrs for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines: Hydrocodone (Vicodin/Lortab).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** The patient presents on 01/16/15 with severe right upper extremity pain rated 5/10, with associated allodynia and hyperesthesia to the affected limb. The patient's date of injury is 04/26/02. Patient has no documented surgical history directed at this complaint. The request is for Norco 10/325mg qty 120, 1-2 tabs every 3-4 hours for pain. The RFA is dated 01/27/15. Physical examination dated 01/16/15 reveals motor weakness in the upper extremities bilaterally (greater on the right) positive Tinel's sign in the wrists bilaterally and in the right cubital tunnel. The provider notes tenderness over the bilateral epicondyles, wrists, and hands (worse on the right). The patient presents wearing a support brace on the right upper extremity and there are sensory deficits noted in the right upper extremity to light touch, thermal, and vibration. Significant myofascial findings are also noted, with multiple tender trigger point areas in the upper trapezius bilaterally, radiating into the right shoulder and arm. The patient is currently prescribed Oxymorphone, Norco, Zolpidem, Oxycodone, Wellbutrin, Lyrica, Senna, and Monarch pain cream. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. Morphine Equivalent Dose (MED) factors: Hydrocodone = 1, Oxycodone = 1.5, Oxymorphone = 3." In regard to the request for the continuation of Norco for this patient's chronic pain, the provider has exceeded opiate dosing guidelines. Progress note dated 01/27/15 indicates that this patient is currently prescribed 20MG Oxymorphone for baseline pain (though does not indicate a dosing interval) and is also prescribed Norco and Oxycodone for breakthrough pain, at dosing intervals of 1-2 tablets every 3-4 hours for pain (a total of 120MG of Hydrocodone and 180MG of Oxycodone per day). Assuming that only 1 tablet of 20MG Oxymorphone is being taken per day, and given the schedule provided for Norco and

Oxycodone, this patient's calculated Morphine Equivalent Dosing is 450MG per day (nearly 4 times higher than the 120MG MED recommended by guidelines). While this patient presents with significant right upper extremity pain with documented benefits attributed to Narcotic medications, the prescribed dosing significantly exceeds recommendations. There is no stated intent to conduct weaning in the documentation provided. Utilization review dated 06/10/15 modified the request, reducing the requested amount by 10 percent citing the need to conduct weaning. This is an appropriate adjustment to this patient's medication regimen in order to conduct weaning. Such a high MED dosing is excessive and cannot be substantiated, weaning is the best course of care. The request is not medically necessary.

**Oxycodone 15 mg Qty 120, 1-2 tabs every 3-4 hrs for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Opioids, weaning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** The patient presents on 01/16/15 with severe right upper extremity pain rated 5/10, with associated allodynia and hyperesthesia to the affected limb. The patient's date of injury is 04/26/02. Patient has no documented surgical history directed at this complaint. The request is for Oxycodone 15mg qty 120, 1-2 tabs every 3-4 hours for pain. The RFA is dated 01/27/15. Physical examination dated 01/16/15 reveals motor weakness in the upper extremities bilaterally (greater on the right) positive Tinel's sign in the wrists bilaterally and in the right cubital tunnel. The provider notes tenderness over the bilateral epicondyles, wrists, and hands (worse on the right). The patient presents wearing a support brace on the right upper extremity and there are sensory deficits noted in the right upper extremity to light touch, thermal, and vibration. Significant myofascial findings are also noted, with multiple tender trigger point areas in the upper trapezius bilaterally, radiating into the right shoulder and arm. The patient is currently prescribed Oxymorphone, Norco, Zolpidem, Oxycodone, Wellbutrin, Lyrica, Senna, and Monarch pain cream. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Use the appropriate factor below to determine the Morphine Equivalent Dose (MED) for each opioid. Morphine Equivalent Dose (MED) factors: Hydrocodone = 1, Oxycodone = 1.5, Oxymorphone = 3." In regard to the request for the continuation of Oxycodone for this patient's chronic pain, the provider has exceeded opiate dosing guidelines. Progress note dated 01/27/15 indicates that this patient is currently prescribed 20MG Oxymorphone for baseline pain (though does not indicate a dosing interval). The patient is also prescribed Norco and Oxycodone for breakthrough pain, at dosing intervals of 1-2 tablets every 3-4 hours for pain (a total of 120MG of Hydrocodone and 180MG of Oxycodone per day). Assuming that only 1 tablet of 20MG Oxymorphone is taken per day, and given the dosing schedule provided for Norco and Oxycodone, this patient's calculated MED dosing is 450MG per day (nearly 4 times higher than

the 120MG MED prescribed by guidelines). While this patient presents with significant right upper extremity pain with documented benefits attributed to Narcotic medications, the prescribed dosing exceeds recommendations to limit dosing to 120MED/day. There is no stated intent to conduct weaning in the documentation provided. Utilization review dated 06/10/15 reduced the approved amount by 10 percent citing the need to conduct weaning. This is an appropriate adjustment to this patient's medication regimen in order to conduct weaning. Such a high MED dosing is excessive and cannot be substantiated, weaning is the best course of care. The request is not medically necessary.

**Zolpidem 10 mg Qty 30, every night:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - 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 Chapter, Zolpidem -Ambien.

**Decision rationale:** The patient presents on 01/16/15 with severe right upper extremity pain rated 5/10, with associated allodynia and hyperesthesia to the affected limb. The patient's date of injury is 04/26/02. Patient has no documented surgical history directed at this complaint. The request is for zolpidem 10mg qty 30, every night. The RFA is dated 01/27/15. Physical examination dated 01/16/15 reveals motor weakness in the upper extremities bilaterally (greater on the right) positive Tinel's sign in the wrists bilaterally and in the right cubital tunnel. The provider notes tenderness over the bilateral epicondyles, wrists, and hands (worse on the right). The patient presents wearing a support brace on the right upper extremity and there are sensory deficits noted in the right upper extremity to light touch, thermal, and vibration. Significant myofascial findings are also noted, with multiple tender trigger point areas in the upper trapezius bilaterally, radiating into the right shoulder and arm. The patient is currently prescribed Oxymorphone, Norco, Zolpidem, Oxycodone, Wellbutrin, Lyrica, Senna, and Monarch pain cream. Diagnostic imaging was not included. Patient is currently not working. MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien-Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." In regard to the continuation of Zolpidem for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Zolpidem since at least 12/12/14, with documented improvements in this patient's sleep noted. While this patient presents with significant chronic pain and associated psychiatric complaints/insomnia, ODG does not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to previous use does

not imply an intent to utilize this medication short-term. Therefore, the request is not medically necessary.

**Monarch Pain Cream (dispensed) tubes, Qty 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Topical Analgesics.

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

**Decision rationale:** The patient presents on 01/16/15 with severe right upper extremity pain rated 5/10, with associated allodynia and hyperesthesia to the affected limb. The patient's date of injury is 04/26/02. Patient has no documented surgical history directed at this complaint. The request is for Monarch pain cream (dispensed) tubes qty 2. The RFA is dated 01/27/15. Physical examination dated 01/16/15 reveals motor weakness in the upper extremities bilaterally (greater on the right) positive Tinel's sign in the wrists bilaterally and in the right cubital tunnel. The provider notes tenderness over the bilateral epicondyles, wrists, and hands (worse on the right). The patient presents wearing a support brace on the right upper extremity and there are sensory deficits noted in the right upper extremity to light touch, thermal, and vibration. Significant myofascial findings are also noted, with multiple tender trigger point areas in the upper trapezius bilaterally, radiating into the right shoulder and arm. The patient is currently prescribed Oxymorphone, Norco, Zolpidem, Oxycodone, Wellbutrin, Lyrica, Senna, and Monarch pain cream. Diagnostic imaging was not included. Patient is currently not working. The MTUS and ODG do not specifically discuss this medication. The MTUS page 111 has the following regarding topical creams: "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis... Gabapentin: Not recommended." In regard to the request for 2 tubes of Monarch pain cream (which contains Gabapentin, Ketoprofen, and Lidocaine) the requested cream contains ingredients which are not supported for topical use. MTUS guidelines do not support the use of Ketoprofen owing to risk of photocontact dermatitis and do not support the use of Gabapentin in any topical formulation. Lidocaine is only approved in patch form. Guidelines also state that any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, the request is not medically necessary.