

<b>Case Number:</b>	CM15-0168633		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New York

Certification(s)/Specialty: Internal 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 49-year-old female, who sustained an industrial injury on April 29, 2011. The injured worker was diagnosed as having carpal tunnel syndrome, chronic pain syndrome, and sleep disturbance not otherwise specified. Medical records (April 23, 2015 to July 23, 2015) indicate ongoing bilateral wrist pain rated at a 9-10 out of 10. In addition, the injured worker has ongoing sleep difficulty sleep (only 3 hours of uninterrupted sleep at a time and awakening from pain) and med-induced nausea and heartburn. Her sleep medication allows her to fall asleep faster, feel more rested, and to sleep at least 3-4 hours longer. Per the treating physician (March 24, 2015 report), the employee has not returned to work. The physical exam (June 19, 2015 to July 23, 2015) reveals ongoing restricted range of motion of the bilateral wrists with positive Phalen's and Tinel's signs. The injured worker was wearing a right wrist brace. There was ongoing tenderness to palpation of the proximal interphalangeal, distal interphalangeal, and metacarpophalangeal joints of the bilateral thumb, fingers, hypothenar eminence, and thenar eminence. There were continued right hand Jamar measurements notch 1 were 10 pounds, 12 pounds, and 9 pounds. There was abnormal sweating, allodynia to light touch and rubbing, abdomen hyperalgesia to 1 pinprick of the bilateral upper extremities. Diagnostic studies to date have included: On July 23, 2015, a urine drug screen results showed that Hydrocodone, Norhydrocodone, and hydromorphone were detected. However, Ambien was not detected. An updated and signed contract between the injured worker and provider and risk assessment profile were not included in the provided medical records. Surgeries to date have included left carpal tunnel surgery in 2011 and right carpal tunnel surgery in 2012. Treatment has included postoperative hand therapy, a home exercise program, bracing, ice, heat, exercises

, massage, rest, and medications including pain (Norco since at least April 2015), proton pump inhibitor (Pantoprazole since at least May 2015), non-steroidal anti-inflammatory, sleep (Ambien since at least June 2015 ). In addition, the medical records show that the injured worker underwent 6 sessions of acupuncture treatment between June 5, 2015 and July 17, 2015. The requested treatments included Zofran 4mg 1 tab twice a day as needed, #10; Norco 5-325mg 1 tab by mouth every day, #30; Pantoprazole 20mg #60; Ambien 5mg #30; and 6 additional sessions of acupuncture for both wrists and hands.

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

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

#### **Zofran 4mg 1 tab twice a day as needed, #10 (dispensed): 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 Chapter, Zofran; Antiemetics (for opioid nausea) and the on Non-MTUS PDR, <http://www.drugs.com/pdr/ondansetron-hydrochloride.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medications.

**Decision rationale:** MTUS does not address this request. Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Zofran. The request for Zofran 4mg 1 tab twice a day as needed, #10 (dispensed) is not medically necessary per guidelines.

#### **Norco 5/325mg 1 tab by mouth every day, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic bilateral wrist pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 5/325mg 1 tab by mouth every day, #30 is not medically necessary.

**Pantoprazole 20mg #60 (dispensed): 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation indicates the injured worker is treated with NSIDS and complains of medication-induced nausea and heartburn. There is no evidence of failure with treatment with first line PPIs such as Omeprazole, as recommended by guidelines, to support the ongoing use of Pantoprazole. The request for Pantoprazole 20mg #60 (dispensed) is not medically necessary per MTUS guidelines.

**Ambien 5mg #30 (dispensed): 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 Chapter, Ambien (Zolpidem) and on the Non-MTUS PDR.

**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, Insomnia treatment.

**Decision rationale:** MTUS does not address this request. Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. 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. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for Ambien 5mg #30 (dispensed) is not medically necessary.

**6 additional sessions of Acupuncture for both wrists/hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The injured worker complains of chronic bilateral wrist pain and is diagnosed with Bilateral Carpal tunnel syndrome. Prior treatment includes initial course of Acupuncture with no report of significant improvement in physical function or exceptional factors. MTUS does not recommend acupuncture for the treatment of Carpal tunnel syndrome. The request for: 6 additional sessions of Acupuncture for both wrists/hands is not medically necessary.