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| <b>Case Number:</b>   | CM15-0173551 |                              |            |
| <b>Date Assigned:</b> | 09/15/2015   | <b>Date of Injury:</b>       | 08/04/2009 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2015 |

### 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: Preventive Medicine, Occupational 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 34 year old female who sustained an industrial injury August 4, 2009, after a car door closed on her right wrist resulting in traumatic injury. Past history included right wrist arthroscopy, Blatt Capsulodesis for lunate triquetral instability, ulnar shortening osteotomy, hypertension, obsessive compulsive disorder, right wrist fracture, right elbow fracture and repair of a stress fracture of the right foot 2008. According to a physician's progress report, dated August 12, 2015, the injured worker complains of pain and numbness of the right wrist and hand, extending to the elbow. She also complains of temperature changes in her right hand and wrist and has difficulty holding onto objects. She reports decreased pain and increased strength in her right upper extremity, and decreased swelling of the right hand. Current medication included Lyrica, Elavil, Lidoderm, and Ambien (noted also October 28, 2014). Objective findings included; right hand dominant; no swelling of the right hand; no pain on palpation of the right forearm; no limitation of motion of the fingers; grip strength is decreased on the right Jamar 20 pounds and 50 pounds on the left; decreased range of motion in the right wrist; no pain or spasm of the neck; no limited motion of the neck. Assessment is documented as complex regional pain syndrome- reflex sympathetic dystrophy of the right upper extremity; blunt trauma to the right wrist with tear of the triangular fibrocartilage complex and lunate triquetral instability. At issue, is a request for authorization dated August 14, 2015, for Ambien, Elavil, Lidoderm patches, and Lyrica. According to utilization review dated August 21, 2015, the request for Elavil 25mg Quantity: 120 are modified to Elavil 25mg Quantity: 60. The request for Ambien 10mg Quantity: 120 are modified to Ambien 10mg Quantity: 20. The request for Lyrica 50mg Quantity: 360 are modified to Lyrica 50mg Quantity: 180. The request for Lidoderm patches Quantity: 120 are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Elavil 25 mg Qty 120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Amitriptyline.

**Decision rationale:** According to the Official Disability Guidelines, amitriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation supporting any functional improvement with the continued long-term use of Elavil. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Elavil 25 mg Qty 120 is not medically necessary.

**Lidoderm patches Qty 120:** 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): Topical Analgesics.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm patches Qty 120 is not medically necessary.

**Ambien 10 mg Qty 120:** 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 - 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 (Chronic), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Ambien 10 mg Qty 120 is not medically necessary.

**Lyricea 50 mg Qty 360:** 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): Pregabalin (Lyricea).

**Decision rationale:** The MTUS states that Lyricea has FDA approval for painful diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for chronic appendage pain. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lyricea 50 mg Qty 360 is not medically necessary.