

Case Number:	CM15-0174745		
Date Assigned:	09/16/2015	Date of Injury:	08/01/2007
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, 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 47 year old female, who sustained an industrial-work injury on 8-1-07. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and bilateral elbow pain. Medical records dated (6-24-15 to 8-19-15) indicates that the injured worker complains of persistent bilateral hand pain with numbness and tingling in the third and fourth digit of the bilateral hands and numbness and tingling to the bilateral upper extremities. The pain is rated 8-9 out of 10 on pain scale but decreased to 3-4 out of 10 with medications. She has increased her exercise regimen and reports that the medications allow her to remain functional despite the pain. Per the treating physician report dated 8-19-15 the injured worker has not returned to work. The physical exam dated from (4-28-15 to reveals 6-24-15) reveals that the injured worker continues to have positive Phalen's maneuver bilaterally, although this produces paresthesia into the third and fourth digits of the left hand. There is positive left carpal compression testing noted. The Finkelstein maneuver is positive on the right and she continues to have tenderness over the wrist extensors bilaterally. Treatment to date has included pain medication, Norco since at least 4-28-15, Ambien since at least 4-28-15, diagnostics, right carpal tunnel release 2-19-08, physical therapy, home exercise program (HEP) and other modalities. The physician indicates in the medical record dated 8-19-15 that the EMG-NCV (electromyography and nerve conduction velocity) testing that was performed on 5-12-15 to the right upper extremity shows mild carpal tunnel consistent with mild carpal tunnel on the right which may be residual from previous surgery. The studies date 7-17-15 to the left upper extremity was normal. The original Utilization review dated 9-4-15 non-certified a request for Ambien 5mg #30 as the guidelines indicate that Ambien is only indicated for short term use (up to 10 days) for treatment of insomnia and it is slated to be habit

forming, and partially approved a request for Norco 5-325mg #60 partially approved for Norco 5-325mg #30 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Key case observations are as follows. The claimant was injured in 2007 and has bilateral carpal tunnel syndrome and bilateral elbow pain. Treatment to date has included pain medication and Ambien since at least 4-28-15. The original Utilization review dated 9-4-15 non-certified a request for Ambien 5mg #30 as the guidelines indicate that Ambien is only indicated for short term use. There is no mention of the degree of insomnia. The MTUS is silent on the long-term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I was not able to find solid evidence in the guides to support the usage, and no documentation of insomnia. The medicine is not medically necessary and was appropriately non-certified.

Norco 5/325mg #60: 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 , page 79, 80 and 88 of 127. As previously noted, key case observations are as follows. The claimant was injured in 2007 and has bilateral carpal tunnel syndrome and bilateral elbow pain. The medications reportedly allow her to remain functional despite the pain; however, there was no documentation of objective, functional improvement out of the regimen. Treatment to date has included the Norco since at least 4-28-15. The original Utilization review dated 9-4-15 partially approved the request for Norco 5-325mg #60 partially approved for Norco 5-325mg #30 for weaning purposes. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids:

Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.