

Case Number:	CM15-0178299		
Date Assigned:	10/13/2015	Date of Injury:	08/11/2003
Decision Date:	12/01/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 male who sustained an industrial injury on 8-11-03. The medical records indicate that the injured worker has been treated for wrist, forearm pain; reflex sympathetic dystrophy upper limb; long drug use; neuralgia-neuritis. He currently (8-17-15) complains of left arm and hand pain with a pain level of 7 out of 10 with medication and 10 out of 10 without medication. His pain level remained constant at 7 out of 10 (5-23-12) and 8 out of 10 (1-4-13). He is able to cook, bathe, do laundry, shop, dress, manage medications, drive and brush his teeth. On physical exam of the left upper extremity there was tenderness of the forearm on palpation; wrist (left) had joint swelling, tendon sheath swelling, positive Finklestein's test, decreased range of motion; right upper extremity tenderness to palpation; wrist (right) had joint swelling and positive Finklestein's test. The discussion regarding sleep hygiene or the diagnosis of insomnia was not present. In the 8-17-15 note "the patient denies insomnia and fatigue". The drug screen dated 8-17-15 was not consistent with prescribed medications. He has been treated with medications: Norco (since at least 8-16-11), Wellbutrin, Excel, Lexapro, Ambien (since at least 8-16-11), Cialis, Provigil, naproxen, Lyrica, Valium; psychotherapy; status post left carpal tunnel release (11-8-11). The request for authorization dated 7-25-15 was for Norco 10-325mg #180; Zolpidem 10mg #30 with 1 refill. On 8-11-15 Utilization Review non-certified the requests for Norco 10-325mg #180; Zolpidem 10mg #30 with 1 refill; 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the left arm and hand rated 7/10 with and 10/10 without medication. The request is for Norco 10/325 mg, 180 count. The request for authorization is dated 07/25/15. Patient's diagnoses include joint pain-hand; RSD upper limb; neuralgia / neuritis unsepc; encntr long-rx use nec. Physical examination of the shoulder reveals glenohumeral joint tenderness. Decreased range of motion with pain. Exam of upper arm reveals tenderness to palpation. Exam of elbow reveals joint tenderness. Tender medial and lateral epicondyle. Exam of forearm reveals tenderness to palpation. Exam of wrist reveals tenderness with decreased range of motion. With medication the patient is able to cook, do laundry, shop, bathe, drive, brush teeth, manage medication, and dress. Patient's medications include Bupropion, Norco, Testim, and Zolpidem. Per progress report dated 07/28/15, the patient is permanently disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 01/04/13. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing pain reduction with use of Norco. However, there is no discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/17/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.

Zolpidem 10 mg, thirty count with one refill: 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).

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) Chapter, under Zolpidem.

Decision rationale: The patient presents with pain in the left arm and hand rated 7/10 with and 10/10 without medication. The request is for Zolpidem 10 mg, thirty count with one refill. The request for authorization is dated 07/25/15. Patient's diagnoses include joint pain-hand; RSD upper limb; neuralgia / neuritis unsepc; encntr long-rx use nec. Physical examination of the shoulder reveals glenohumeral joint tenderness. Decreased range of motion with pain. Exam of upper arm reveals tenderness to palpation. Exam of elbow reveals joint tenderness. Tender medial and lateral epicondyle. Exam of forearm reveals tenderness to palpation. Exam of wrist reveals tenderness with decreased range of motion. With medication the patient is able to cook, do laundry, shop, bathe, drive, brush teeth, manage medication, and dress. Patient's medications include Bupropion, Norco, Testim, and Zolpidem. Per progress report dated 07/28/15, the patient is permanently disabled. ODG-TWC, Pain (Chronic) 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. (Feinberg, 2008)" Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Zolpidem on 01/04/13. ODG recommends Zolpidem for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Zolpidem Thirty Count with One Refill would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

One urine drug screen: Overturned

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Urine Drug Testing.

Decision rationale: The patient presents with pain in the left arm and hand rated 7/10 with and 10/10 without medication. The request is for One urine drug screen. The request for authorization is dated 07/25/15. Patient's diagnoses include joint pain-hand; RSD upper limb; neuralgia / neuritis unsepc; encntr long-rx use nec. Physical examination of the shoulder reveals glenohumeral joint tenderness. Decreased range of motion with pain. Exam of upper arm reveals tenderness to palpation. Exam of elbow reveals joint tenderness. Tender medial and lateral epicondyle. Exam of forearm reveals tenderness to palpation. Exam of wrist reveals tenderness with decreased range of motion. With medication, the patient is able to cook, do laundry, shop,

bathe, drive, brush teeth, manage medication, and dress. Patient's medications include Bupropion, Norco, Testim, and Zolpidem. Per progress report dated 07/28/15, the patient is permanently disabled. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater does not discuss this request. In this case, the patient has been prescribed Norco, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.