

Case Number:	CM15-0095896		
Date Assigned:	05/22/2015	Date of Injury:	04/26/2002
Decision Date:	09/23/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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. The injured worker was diagnosed with complex regional pain syndrome, bilateral upper extremity and shoulder arthropathy, bilateral epicondylitis and right biceps tendonitis. Treatment to date includes conservative measures, physical therapy, transcutaneous electrical nerve stimulation (TEN's), wrist support brace and medications. The mechanism of injury and previous surgical interventions were not documented. According to the primary treating physician's progress report on March 13, 2015, the injured worker continues to experience pain in the right upper extremity. The injured worker rates her pain level at 4-5/10 with medications. Examination demonstrated bilateral upper extremity motor weakness, positive Tinel's in the wrists bilaterally and a positive Tinel's in the right cubital tunnel with tenderness. Sensory deficits in the right upper extremity to light touch, thermal, vibratory and hypersensitivity were documented. There were noted myofascial findings with trigger point areas in the upper trapezius muscle groups bilateral radiating into the right shoulder and arm. Urine drug screening in January 2015 and March 13, 2015 detected THC (historically dated back to March 2014) which was not documented as a prescribed medication. Current medications are listed as Oxymorphone ER, Lyrica, Wellbutrin, Senna S, Norco, Oxycodone, Zolpidem and Monarch pain Cream. The injured worker is considered on temporary total disability (TTD). Treatment plan consists of new prescription for Brintellix for depression and continue with treatment plan and medication regimen and the current request for H-wave connector pads and wires, Norco 10/325mg, Oxycodone 15mg, Monarch Pain Cream and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for NORCO 10/325mg #240. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicgia with right-sided radiculopathy and diffuse myofascial syndrome, cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 11/21/14. It is not clear when the medication was initiated for the first time. In progress report dated 03/13/15, the treater states that Norco was prescribed for general and breakthrough pain. As per the report, "The patient's current medication regimen continues to control her baseline pain. The patient can have more severe pain exacerbation and these are very adequately controlled with the Oxycodone and Norco." The patient is able to perform chores at home including "cooking, cleaning, washing and caring for her children." She is also able to take care of her personal hygiene and perform outdoor activities such as shopping, walking and social interaction. As per progress report dated 01/16/15, the patient has signed an opioid agreement and uses her medication appropriately. She is also undergoing UDS on bi-monthly basis. The treater, however, does not use a pain scale to demonstrate before and after analgesia, i.e. with and without this medication. The reports do not provide specific examples that indicate a change and improvement in function prior to and after opioid use. There is no discussion regarding the side effects of Norco. MTUS requires a clear documentation regarding impact of Ultracet on 4As, including analgesia, ADLs, adverse side

effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for OXYCODONE 15mg #120. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicgia with right-sided radiculopathy and diffuse myofascial syndrome, cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Oxycodone is first noted in progress report dated 11/21/14. It is not clear when the medication was initiated for the first time. In progress report dated 03/13/15, the treater states that Oxycodone was prescribed for general and breakthrough pain. As per the report, "The patient's current medication regimen continues to control her baseline pain. The patient can have more severe pain exacerbation and these are very adequately controlled with the Oxycodone and Norco." The patient is able to perform chores at home including "cooking, cleaning, washing and caring for her children." She is also able to take care of her personal hygiene and perform outdoor activities such as shopping, walking and social interaction. As per progress report dated 01/16/15, the patient has signed an opioid agreement and uses her medication appropriately. She is also undergoing UDS on bi-monthly basis. The treater, however, does not use a pain scale to demonstrate before and after analgesia, i.e. with and without this medication. The reports do not provide specific examples that indicate a change and improvement in function prior to and after opioid use. There is no discussion regarding the side effects of Oxycodone. MTUS requires a clear documentation regarding impact of Ultracet on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Zolpidem 10mg #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, Zolpidem.

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) under Zolpidem.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for ZOLPIDEM 10mg #30. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. ODG guidelines, Pain (Chronic) under Zolpidem, state that the medication is indicated 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." The guidelines also state "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." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. In this case, a prescription for Zolpidem is first noted in progress report dated 11/21/14. It is not clear when the medication was prescribed for the first time. The patient does suffer from severe sleep disorder secondary to the pain. In progress report dated 03/13/15, the treater states that prior to the use of Ambien, the patient "had great difficulty in sleeping, often waking up every one to two hours. Currently, the patient is able to sleep anywhere from five to several hours, which is a significant improvement from the past." While the efficacy of Ambien is evident in this case, ODG only recommends it for "short-term (7-10 days) treatment of insomnia." Hence, the request IS NOT medically necessary.

H-wave connector wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 171-172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for H-WAVE CONNECTOR WIRES. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicgia with right-sided radiculopathy and diffuse myofascial syndrome, cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. Per MTUS Guidelines page 117 H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In this case, none of the progress reports discuss the request. It is not clear if the patient already owns the machine or is on a one-month trial. There is no documentation regarding efficacy. The treater does not explain how the unit is used. The request lacks the documentation required to make a determination based on MTUS. Hence, the request for connector wires IS NOT medically necessary.

H-wave connector pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 171-172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for H-WAVE CONNECTOR PADS. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicgia with right-sided radiculopathy and diffuse myofascial syndrome, cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. Per MTUS Guidelines page 117 H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-

month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. In this case, none of the progress reports discuss the request. It is not clear if the patient already owns the machine or is on a one-month trial. There is no documentation regarding efficacy in terms of reduction in pain and improvement on function. The treater does not explain how the unit is used. The request lacks the documentation required to make a determination based on MTUS. Hence, the request for connector pads IS NOT medically necessary.

Monarch Pain Cream, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG-TWC Treatment Guidelines, Pain (Chronic), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The 39 year old patient complains of neuropathic pain in the upper extremities, rated at 4-5/10, along with allodynia, dysesthesias and hyperesthesias, as per progress report dated 03/13/15. The request is for MONARCH PAIN CREAM, #2. There is no RFA for this case, and the patient's date of injury is 04/26/02. Diagnoses, as per progress report dated 03/13/15, included upper extremity and shoulder arthropathy (only condition accepted industrially), cervicogenic headaches, bilateral lateral epicondylitis, right-sided biceps tendonitis, right-sided cubital and carpal tunnel syndrome, CRPS in the right upper extremity, severe sleep disorder, seizure disorder, and reactive depression. Medications included Oxymorphone, Norco, Oxycodone, Zolpidem, Wellbutrin HCL, Lyrica, Senna S and Monarch pain cream. The patient is not working, as per the same progress report. The MTUS and ODG do not specifically discuss this medication. The MTUS page 111 and Topical Analgesics section 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." The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Gabapentin: Not recommended, In this case, Monarch cream is first noted in progress report dated 11/21/14. It is not clear when the medication was first prescribed. As per report dated 03/13/15, the treater states that the topical is for "neuropathic pain." The treater, however, does not document the efficacy of this cream in terms of improvement in function and reduction in pain. Additionally, the cream contains Gabapentin which is not recommended by MTUS. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.