

<b>Case Number:</b>	CM13-0032532		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 30-year-old male who reported an injury on 12/19/2011 with the mechanism of injury being a table hitting the patient on his left hip. The patient's diagnosis was not provided. The request was made for Vitalee #30, Tramadol Hydrochloride/APAP 37.5/325 mg #90 and Zaleplon 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitalee, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online search

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and <http://vitalee.com/>

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not address Vitalee. The Official Disability Guidelines do not specifically address Vitalee. However, per [vitalee.com](http://vitalee.com/), this was noted to be a healthcare supplement. The clinical documentation submitted for review failed to provide the necessity for

the a supplement, Vitalee. Given the above, the request for Vitalee #30 is not medically necessary.

**Tramadol HCL/APAP 37.5/325mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 78, 83.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines recommend weak opioids such as tramadol/acetaminophen at the initiation of treatment for mild to moderate pain and they indicate that for ongoing management, there should be documentation of the 4 A's, including Analgesia, Activities of Daily Living, Adverse Side Effects and Aberrant Drug Taking Behavior. The clinical documentation submitted for review failed to provide a thorough physical examination and failed to provide documentation of the 4 A's. Given the above, the request for tramadol hydrochloride/APAP 37.5/325 #90 is not medically necessary.

**Zaleplon 10mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Treatments, Online Version.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not address zaleplon. The Official Disability Guidelines recommend zaleplon for a short-term use for up to 5 weeks. However, the clinical documentation submitted for review failed to provide that the patient had signs and symptoms of insomnia. Additionally, it failed to provide documentation of a recent examination to support the request. Given the above and the lack of documentation, the request for zaleplon 10 mg #30 is not medically necessary.