

Case Number:	CM13-0040096		
Date Assigned:	12/20/2013	Date of Injury:	10/24/1996
Decision Date:	02/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 51-year-old male who reported a work-related injury on 10/24/1996, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, cervical/trapezius musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and right SI joint sprain, left shoulder sprain, bilateral wrist tendonitis, right ankle sprain, prior right fibular fracture, and left inferior pubic ramus fracture, by psychiatric and internal medicine specialists. Treatment for fibromyalgia syndrome has been deferred to a rheumatologist. The clinical note dated 11/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued cervical spine and lumbar spine pain complaints with intermittent numbness and tingling to the bilateral hands and feet. The patient reports 4/10 pain with medications, 8/10 without medications. The provider documents the patient utilizes Ultram 1 to 2 times per day and Ambien 10 mg 1 to 2 times per week. Upon physical exam of the patient, the provider documents lumbar spine revealed tenderness to palpation over the paravertebral musculature and lumbosacral junction. Straight leg raise testing elicited low back pain. Range of motion of the lumbar spine was measured as 32 degrees of flexion, extension 14 degrees, bilateral bending 17 degrees, and sensation was decreased along the L5 and S1 nerve roots. The provider recommended the patient begin utilization of Lyrica in addition to Ultram and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 78.

Decision rationale: The current request is supported. [REDACTED] documents the patient continues to present with moderate complaints of pain about the cervical and lumbar spine status post a work-related injury sustained in 1996. The provider documents the patient's rate of pain is decreased by 50% with utilization of his medication regimen to include Ultram. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for Ultram 50 mg #120 is medically necessary and appropriate.

Ambien 5mg #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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient utilizes Ambien on an as needed basis for sleep pattern complaints. However, it is unclear how long the patient has utilized this medication and the clear efficacy of this intervention for the patient's sleep pattern complaints. California MTUS/ACOEM do not specifically address Ambien; however, Official Disability Guidelines indicate this is a prescription short acting non-benzodiazepine hypnotic which is approved for the short-term treatment, usually 2 to 6 weeks, of insomnia. Given all of the above, the request for Ambien 5 mg #30 is not medically necessary or appropriate