

Case Number:	CM13-0048477		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2003
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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, and is licensed to practice in Arizona. 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 44 year old woman with a medical history of alcoholism, depression and chronic pancreatitis who sustained a work-related injury on 8/15/2003. The injury is described as a pulling injury that resulted in chronic neck pain with radiation and weakness down into bilateral arms. She is cared for by a pain specialist [REDACTED]. Her diagnoses include displacement of cervical inter-disc without myelopathy, brachial neuritis, cervicgia and cervical spondylosis with myelopathy. She has received extensive treatment including chiropractic treatment, physical therapy, epidural injections and oral and topical analgesics. The encounters with [REDACTED] are dated 6/19/12, 8/15/12, 6/24/13, 7/22/13, 8/9/13, 10/14/13 and 10/21/13. On 6/24/13 [REDACTED] states the patient had not been to the office in at least 5months. It is noted that the patient has multiple urine drug screens that were negative for opioids but were positive for THC, amphetamines and methamphetamine. On 10/14/13 the patient admitted to copious alcohol use but had abstained from alcohol for 30 days. On 10/21/13 a urine drug screen was negative for illicit drugs and the patient was prescribed tramadol 50mg orally every 6 hours for pain and ambient 5mg at night for insomnia. Her other medications included NSAIDS, muscle relaxants, opioid analgesic and antidepressant. Her overall function has noted to be declining and she is planned for surgical intervention for cervical spondylosis with myelopathy and progressive weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This benzodiazepine receptor agonist is indicated for insomnia for acute or sub-acute presentations. It is not recommended for long-term use, more than six weeks, and not in the clinical setting of chronic pain. Ambien is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Classification and Criteria for the use of Opioids, Page(s): 75-83.

Decision rationale: Tramadol is a synthetic, central-acting opioid analgesic medication. According to the MTUS Chronic pain section, opioids are considered a second-line treatment for neuropathic pain due to the multitude of adverse drug side-effects. One of the risks of using opioid analgesics is the potential for misuse and abuse of the drug. This patient is at risk for misuse and abuse of the medication given her history of polysubstance abuse with alcohol, THC, and methamphetamines. Furthermore, it is recommended to discontinue the medication if there is no overall improvement in function, or a decrease in function. This patient has had a decline in overall function with worsening disease. She is planned for surgical intervention. She has a history of polysubstance abuse and alcohol dependence. Tramadol is not medically necessary.