

Case Number:	CM13-0050370		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2002
Decision Date:	05/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 was injured on 6/1/2002. The diagnoses are neck pain, right shoulder impingement syndrome and bilateral De Quervain's disease. On a clinic visit on 8/15/2013, the patient could not account for the pain pills. The UDS test was negative for prescribed Norco. The medication was changed from Norco to Tramadol because of the failed UDS. The patient does have use of TENS unit and is doing home exercise. [REDACTED] noted on 12/5/2013 that the pain was significantly worse following non certification of the medications. The patient presented to the office frustrated and tearful. A Utilization Review decision was rendered on 10/22/2013 recommending modified certifications for tramadol 50mg #200, Baclofen 10mg #60 to #20 and Ambien 5mg #30 to #10 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The MTUS addressed the use of tramadol for the treatment of chronic pain. Tramadol is an analgesic that acts on opioid and non opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesics. The guideline recommends that opioids be used for short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. Documentation during opioid therapy should include compliance monitoring measures such as Pain Contract, UDS , screening for aberrant behaviors and improvement in ADL / functional restoration. It is recommended that opioids be weaned and discontinued if there is significant deviation from acceptable compliance measures. There is documentation of aberrant drug behavior by the patient's inability to account for the Norco pills and failing UDS. The criteria for weaning and discontinuation of tramadol was met. The request for Tramadol 50mg #200 is not medically necessary.

BACLOFEN #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,63-66..

Decision rationale: The MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second-line option for short term treatment of acute exacerbations of symptoms that are non- responsive to standard treatment including NSAIDs, physical therapy and exercise. The short term course of therapy should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. The records indicate that the patient has already been on baclofen for several years. The patient failed medication monitoring measures such as UDS and pills count. The request for Baclofen #80 is not medically necessary.

AMBIEN10MG #10: 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),

Decision rationale: The MTUS did not address the use of sedatives and hypnotics for the treatment of insomnia associated with chronic pain. The use of Ambien is fully addressed by the ODG. It is recommended that the use of hypnotics be limited to short term course of 2-6 weeks in patients who have failed management with proper sleep hygiene and after standard pain management measures have been optimized. Ambien is a short acting non benzodiazepine hypnotic. Long term use of Ambien can lead to dependency, habit forming, impaired memory and increase in pain. The patient failed medication monitoring measures such as UDS and pills

count. The record indicate that the patient has been on Ambien for several years. The criteria for utilization of Ambien for the treatment of insomnia have not been met. The request for Ambien 10mg is not medically necessary.