

Case Number:	CM14-0106241		
Date Assigned:	07/30/2014	Date of Injury:	07/22/2004
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Preventive Medicine 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 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:

According to the records made available for review, this is a 61-year-old male with a 7/22/04 date of injury. At the time (7/15/14) of the Decision for Prospective request for 1 prescription of Tramadol ER 150mg #60 and Prospective request for 1 prescription of Ambien 10mg #60, there is documentation of subjective (neck, back, right arm, and right hand pain; as well as poor sleep and difficulty with ADL's) and objective (decreased range of motion and decreased grip strength), current diagnoses (cervical radiculitis, chronic pain syndrome, cervical disc bulge with nerve root impingement, sleep disturbances, and depression), and treatment to date (home exercise program and medications (including ongoing treatment with Tramadol, Ambien, Flexeril and Cymbalta since at least 3/15/14)). 5/28/14 Medical report identifies that functional ability increased minimally with increase in activity level and endurance. Regarding Tramadol, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Ambien, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol ER 150mg #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Tramadol. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, chronic pain syndrome, cervical disc bulge with nerve root impingement, sleep disturbances, and depression. In addition, there is documentation of ongoing treatment with Tramadol. In addition, given documentation that functional ability increased minimally with increase in activity level and endurance, there is documentation of functional benefit and an increase in activity tolerance as a result of Tramadol use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #60 is not medically necessary.

Prospective request for 1 prescription of Ambien 10mg #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, chronic pain syndrome, cervical disc bulge with nerve root impingement, sleep disturbances, and depression. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that functional ability increased minimally with increase in activity level and endurance, there is documentation of functional benefit and an increase in activity tolerance as a result of Ambien use to date. However, despite documentation of sleep disturbances, there is no (clear) documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 3/15/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #60 is not medically necessary.