

<b>Case Number:</b>	CM14-0012460		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational 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:

The patient is a 47-year-old male March 31, 2008. He has chronic pain associated with multiple musculoskeletal problems involving the spine, upper and lower extremities. His treating physician documents that he is receiving both Norco and Morphine through his primary care system, Kaiser. His treating physician documents difficulty sleeping and the use of Ambien with moderate success. Tramadol 50mg up to #150 and Lorazepam 2mg. # 30 are prescribed. There is no record of the trialing other hypnotic sleep aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG QTY: 150.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), OPIOIDS, 75

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78 93

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines are very specific on the issue that multiple opioids should not be prescribed from more than one physician. It is clear

documented that both a short acting (hydrocodone) and long acting (morphine) opioid are already being prescribed. Tramadol should be treated as an opioid. The Chronic Pain Medical Treatment Guidelines also recommended avoidance when a patient is taking antidepressants and/or other opioids due to the risk of seizures. The request for Tramadol 50mg, 150 count, is not medically necessary or appropriate.

**LORAZEPAM 2 MG QTY: 15.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), BENZODIAZEPINES, XANAX, 24

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

**Decision rationale:** Long term use of Benzodiazepines is not recommended due to the high potential of addiction and the tolerance to hypnotic effects. In addition, blending this with Norco and Morphine could easily be problematic. There are other standard hypnotics that could be trialed if necessary. The request for Lorazepam 2 mg, fifteen count, is not medically necessary or appropriate.

**URINE DRUG SCREEN:** 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN, 78-80

**Decision rationale:** The medications that would justify the drug screen are being denied. It is unclear how the private health physician is monitoring the other opioids being prescribed. As noted above opioids should only be prescribed and monitored by a single physician. The request for a urine drug screen is not medically necessary or appropriate.