

Case Number:	CM14-0014832		
Date Assigned:	02/28/2014	Date of Injury:	11/06/2011
Decision Date:	08/04/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 56-year-old female who has submitted a claim for s/p left knee arthroscopy, with residual and/or recurrent internal derangement, associated with an industrial injury date of November 6, 2011. Medical records from 2013 were reviewed. The latest progress report, dated 11/21/2013, showed persistent and increasing pain in her left knee, with locking and giving way of the knee. Physical examination revealed mild swelling of the left knee. There was tenderness over the medial and lateral joint lines. There was pain to varus and valgus stressing, but no gross instability noted. McMurray, Apley, and grind testing were positive on the left knee. Range of motion of the left knee was restricted. Treatment to date has included left knee arthroscopy, physical therapy and medications such as Tramadol since February 2013, Tizanidine since January 2014 and Ambien since January 2014. Utilization review from 01/27/2014 denied the request for the purchase of Tramadol (Ultram) 50mg #60 because there were no documented objective findings consistent with the medical necessity. A previous utilization review, dated 10/11/2013, certified Tramadol. The request for Tizanidine (Zanaflex) 4mg #60 was denied because it was recommended for the short-term treatment of muscle spasms but not for chronic treatment. There was no documented functional improvement with its use. The request for Ambien 10mg #30 q hs was denied because there was no provided subjective or objective evidence to support its use on an industrial basis for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRAMADOL 50 MG #60 DISPENSED ON 1-9-2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. In addition, there is no evidence to recommend one opioid over another. In this case, the patient has been on this medication since February 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There was also no documentation of adverse effects or aberrant drug-taking behaviors. Urine drug screening was not documented as well. Therefore the request for Tramadol 50mg, #60 is not medically necessary.

RETROSPECTIVE ZANAFLEX 4 MG #60 DISPENSED ON 1-9-2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) Page(s): 63; page 66.

Decision rationale: As stated on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Acetaminophen and NSAIDs remain the first-line drugs for chronic pain. On page 66, Tizanidine is said to be FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient was prescribed Tizanidine since January 9, 2014. Physical exam did not demonstrate presence of muscle spasm. Therefore, the request for Zanaflex is not medically necessary.

RETROSPECTIVE AMBIEN 10 MG #30 DISPENSED ON 1-9-2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Zolpidem Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, Ambien (zolpidem) is a short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Furthermore, the FDA states that Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Ambien should not be prescribed in quantities exceeding a 1 month supply. In this case, patient was prescribed Ambien since January 9, 2014. However, there was no documented evidence of insomnia or baseline sleeping habits. Therefore, the request for Ambien 10mg #30 is not medically necessary.