

Case Number:	CM14-0016006		
Date Assigned:	06/04/2014	Date of Injury:	05/11/2011
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48 year old male who reported an injury on 10/11/2010 due to unknown mechanism. The injured worker complained of upper and lower back pain with pain rated at 4-/10 without medication, but has frequent numbness and pain to the right leg. On physical examination dated 11/19/2013 range of motion of the thoracic spine was slightly restricted in all planes, there was multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well in the gluteal muscle. The injured worker's diagnoses include status post laminectomy and discectomy, bilateral L5 and S1 radiculopathy, and chronic myofascial pain syndrome thoracolumbar spine. The injured worker's medication was, Ambien, Tramadol, Neurontin, and Xanax. The injured worker's treatments/diagnostics was CT of the lumbar spine dated 01/25/2012 revealed laminectomy defect at L3-5 with 4mm protrusion at L3-4 and severe lateral stenosis. Electrodiagnostic study was done on 12/08/2011 revealed moderate bilateral L5 and S1 radiculopathy. The treatment plan was for Ultram 50mg number 120, and for 1 prescription of Ambien 10mg. The request for authorization form was not provided with documentation.

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 ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82.

Decision rationale: The request for Ultram 50mg number 120 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guideline states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol has been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. The injured worker complained of upper and lower back pain 4/10 without medication, the guidelines indicate that Tramadol dosage that is recommended 50mg to 100mg by mouth every 4 to 6 hours not to exceed 400mg per day. Furthermore, the request does not include the frequency for the proposed medication. Given the above the request is non-certified.

Prospective request for 1 prescription of ambien 10MG: 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) Pain, Zolpidem.

Decision rationale: The request for 1 prescription of Ambien 10mg is non-certified. The Official Disability Guidelines states, while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that Ambien may increase pain and depression over the long-term. There is no subjective or objective documentation of the injured worker having any sleep disturbances due to chronic pain. In addition the request does not include the frequency for the proposed medication as such the request is non-certified.