

<b>Case Number:</b>	CM14-0110933		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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 records submitted for review indicate that this 47 year-old male sustained a January 09, 2002 work-related injury, while lifting boxes of meat. The most recent submitted progress note dated April 29, 2014, indicates that there are ongoing complaints of significant amount of leg pain rated at 7-8/10. The pain as described as burning, tingling and numbness. Previous treatment includes medications such as Hydrocodone, Zolpidem, Tramadol and Lyrica. A urine specimen was obtained to monitor medication use. The diagnosis is reported as Cervical Spine sprain/strain; (847.0) over C4-C5 & C5-C6 Right side. The physical examination demonstrated that spinal inspection reflects no kyphosis deformity. There was light flattening of the lumbar lordosis. Tenderness was noted in the paraspinal musculature of the lumbar region. Midline tenderness if noted in the lumbar spine. A request had been made for Tramadol 50 mg; Zolpidem 10 mg; and Hydrocodone 10/325 mg and was non-certified in the pre-authorization process on 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain

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

**Decision rationale:** The requested Tramadol 50 mg tablets are not medically necessary because this analgesic medication is considered a 2nd line analgesic. This opinion is based upon the California MTUS Chronic Pain Guidelines which states the following regarding this medication on page 82: "Not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs)." Therefore, this request is not medically necessary.

**Zolpidem 10 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien

**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, Medication Section Knee

**Decision rationale:** The prescribed Zolpidem 10 mg tablets are not medically necessary for chronic use. The California MTUS is silent regarding this matter. Evidence-based Official Disability Guidelines states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. Therefore, this request is not medically necessary.

**Hydrocodone 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain

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

**Decision rationale:** The request is not medically indicated as it fails to satisfy the California MTUS Chronic Pain Guidelines as there is insufficient submitted clinical documentation indicating analgesics with associated functional improvement, aberrant behavior and adverse drug side effects. According to the California MTUS Chronic Pain Treatment Guidelines regarding Ongoing Opioid Management ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). 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 (Passik, 2000)". Therefore, this request is not medically necessary.