

Case Number:	CM14-0111931		
Date Assigned:	08/01/2014	Date of Injury:	09/18/2010
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 & Rehabilitation 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 injured worker is a 62-year-old male who reported an injury on 09/18/2010. The mechanism of injury was not provided within the documentation submitted for review. His diagnosis was noted to be lumbosacral degenerative disc disease. Prior treatments were noted to be medications and the injured worker had a clinical evaluation on 06/30/2014. His subjective complaints were noted to be neck pain that radiated down the bilateral upper extremities. The injured worker stated back pain in the thoracic and in the low back radiating down the bilateral lower extremities. He states ongoing headaches and insomnia are bothersome. He rated his pain 7/10 in intensity with medications; and he rated his pain 9/10 in intensity without medications. The physical exam findings note tenderness upon palpation at the bilateral paravertebral C4-6 area. Tenderness was noted upon the palpation in the bilateral paravertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. Motor exam showed decreased strength of the extensor muscles along the L4-S1 dermatome in bilateral lower extremities. Straight leg raise with the patient in the seated position was positive bilaterally at 45 degrees. Tenderness was noted at the right anterior shoulder. The range of motion of the right shoulder was decreased due to pain. Tenderness was noted at the left knee. The range of motion of the left knee was decreased due to pain. Motor exam showed decreased strength of the extensor muscles in the left lower extremity. Patella reflexes were decreased on the left. The treatment plan is for a follow-up appointment in 1 month. The provider's rationale for the request was not within the documentation submitted for review. A request for authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, at bedtime (HS), # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp (ODG-TWC), Pain Chapter.

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 Zolpidem 10mg, at bedtime (HS), # 30 is not medically necessary. The Official Disability Guidelines (ODG) state, Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 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. The support for efficacy of zolpidem is lacking within the clinical documentation in the objective findings. The guidelines only recommend Zolpidem for short-term use. Therefore, a refill would be in excess of the guideline recommendations. As such, the request for Zolpidem 10mg, at bedtime (HS), # 30 is not medically necessary.

Tramadol 50mg, 1 every 12 hours, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Tramadol 50mg, 1 every 12 hours, # 60 is not medically necessary. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for ongoing monitoring of chronic pain in patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug revealed 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessments 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. The documentation submitted for review fails to provide an adequate pain assessment. Efficacy with

prior use of tramadol is not noted. Tramadol is not recommended as a first line oral analgesic. Side effects were not addressed and a urine drug screen was not noted to be current. As such, the request for Tramadol 50mg, 1 every 12 hours, # 60 is not medically necessary.