MAXIMUS Federal Services

Case Number:	CM14-0134938		
Date Assigned:	08/27/2014	Date of Injury:	09/18/2010
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Pain Medicine, and is licensed to practice in California and Washington. 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 medical records. The clinical note dated 07/28/2014 indicated diagnoses of cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, cervical spinal stenosis, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, and left knee pain. The injured worker reported neck and low back pain that radiated down bilateral extremities aggravated by activity and walking. The injured worker reported upper extremity pain in the right shoulder and arm aggravated by activity, pulling and pushing and lower extremity pain in the left knee. He also reported ongoing headaches and insomnia associated with ongoing headaches. The injured worker rated his pain 7/10 with medications and 9/10 without medications. The injured worker reported medications associated gastrointestinal upset. The injured worker reported activity of daily living limitations included self care and hygiene activity ambulation, hand function, sleep and sex. On physical examination of the cervical spine, there was tenderness noted upon palpation at the bilateral paravertebral C4-6 area. On physical examination of the lumbar spine, there was tenderness upon palpation at the bilateral paravertebral area L4-S1 level and pain was significantly increased with flexion and extension. Motor exam revealed decreased strength over the extensor muscles along the L4-S1 dermatome and bilateral lower extremities. The injured worker's upper extremity examination revealed tenderness at the right anterior shoulder and range of motion of the right shoulder was decreased due to pain. The injured worker's lower extremity examination revealed tenderness at the left knee and the range of motion of the lower extremity of the left knee was decreased due to pain. The injured worker's treatment plan included followup in 1 month. The injured worker was prescribed Ambien and tramadol. The injured worker's prior treatments included diagnostic imaging and medication management. The

injured worker's medication regimen included tramadol and Zolpidem. The provider submitted a request for tramadol and Ambien. The request for authorization dated 07/25/2014 was submitted for the above medications; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use, behaviors and side effects. In addition, the injured worker has been prescribed this medication since at least 03/10/2014. This exceeds the guideline recommendation for short-term use. Furthermore, the request does not indicate a frequency. Therefore, the request for tramadol is not medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Although the injured worker is reported to have insomnia, the injured worker has been prescribed this medication since 05/05/2014. This exceeds the guideline recommendation for short-term use. In addition, there is lack of documentation of efficacy in functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Ambien is not medically necessary.