MAXIMUS Federal Services

Case Number:	CM14-0150341		
Date Assigned:	09/18/2014	Date of Injury:	03/25/2004
Decision Date:	12/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 66-year-old male who sustained a work related injury on 3/25/2004 as a result of performing his duties as a fork lift mechanic due to repetitive and cumulative trauma. On his most recent progress report dated 08/08/2014, he complains of neck, bilateral shoulder and knee pain. His pain is 8/10 at both his neck and bilateral shoulders. His pain is described as constant stabbing and aching sensations with periods of sharpness with appreciable limited range of motion of his neck and shoulder with the pain radiating down into his shoulders and spine, respectively. His knee pain is rated as 7/10, chronic in presentation radiating into his legs and traveling both up to his hips and down to his feet. His pain is described as numb, burning, throbbing, stabbing, popping, locking and achy with periods of sharpness. The patient reports limited range of motion stooping, bending, walking, standing and sitting. On physical exam there is an appreciable decrease in cervical range of motion. His right shoulder exam identifies a positive Neer's, cross over, Apley's and Hawkins testing. The left shoulder has full active range of motion. His knee exam identifies decreases bilateral flexion, a positive patellar grind, patellar compression testing with patellar facetal tenderness. He has mild medial and lateral joint line tenderness. No appreciable ligamentous laxity noted. As the date of his most recent progress report, the patient was taking Tramadol 50mg, Amlodipine 10mg, Lisinopril 20mg, ASA 81mg, Zolpidem 10mg and Acetaminophen PM 500mg. His treatment plan indicates continuing the Tramadol and Zolpidem, with two refills. "This is all the medication this patient takes and this basically maintains him at his status quo." In dispute is a decision for Tramadol 50mg #30 and Zolpidem CR 12.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 93-94.

Decision rationale: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system, is indicated for moderate to severe pain and is not classified as a controlled substance by the DEA. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 t o 6 hours (max 400mg/day). Ultram ER: Patient currently not on immediate release Tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release Tramdadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction.Continued use of Tramadol over changing to an opioid pain medication caries a less overall side effect profile when taken as directed. This medication should continue as one of the patient's means of provide pain reduction.Therefore this request is medically necessary.

Zolpidem CR 12.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Treatment for insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health / Stress, Insomnia

Decision rationale: Zolpidem belongs to a class of medications called sedative-hypnotics and is used to treat insomnia (difficulty falling asleep or staying asleep and usually recommended for use for 7-10 days for difficult in attaining restful sleep). Zolpidem is not recommended for longer than two weeks of use as somnolent induction medication.The ODG guidelines recommend treatment is based on the etiology. Additionally, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness.

Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Although Zolpidem was specifically designed to assist patients who are having trouble obtaining restful sleep, it was not intended for extended periods of use. Because of the recommendation that its use not go beyond a two week period, the request for the use of Zolpidem is declined.Long term use of this medication is not recommended. According to the provided medical documentation, he has been taking it for at least two subsequent months. This is far beyond the recommended time limit for use. The request is denied.