

Case Number:	CM14-0154364		
Date Assigned:	09/23/2014	Date of Injury:	10/04/2008
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine and is licensed to practice in Ohio. 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 44-year-old male who stepped in a hole October 4, 2008 injuring his right knee, right ankle, and back. He has persistent low back pain radiating to the right lower extremity, neck pain, and right knee pain. He had a right knee arthroscopic surgery in 2009 and lumbar fusion surgery in 2012, followed by hardware removal 2013. He complains of difficulty sleeping as a consequence of the pain and has been using Ambien as a sleep aid chronically. He has also been taking tramadol either in short or long acting forms for some time as well. Tramadol seems to reduce his pain by 50% and specific examples of improved functionality as a consequence are noted in the chart. The physical exam reveals diminished lumbar range of motion, tenderness to palpation the paraspinal musculature and right sacroiliac joint, a positive straight leg raise test on the right side, tenderness of the medial lateral joint lines right knee, and diminished light touch sensation of the right lateral thigh, leg, and foot. The diagnoses include history of lumbar spinal fusion, history of right knee arthroscopy, neck sprain/strain, constipation, lumbago, and right knee degenerative joint disease, right ankle sprain and persistent disorder initiating/maintaining sleep. The most recent progress note available for review comes from August 13, 2014 which continues the tramadol ER 150 mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #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, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien)

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine 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. There is also concern that they may increase pain and depression over the long-term. In this instance, the use of Ambien has clearly exceeded the durations recommended by the referenced guidelines which raises the chances of the above noted concerns. Therefore, Zolpidem 10mg #30 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. The maximum recommended daily dosage of Tramadol ER is 300 mg. In this instance, the request is for #90 Tramadol ER 150 mg, which would give a total daily dose of 450 mg. The intended duration of therapy is presumed to be 30 days as the other requested medications submitted for review are for 30 days. Therefore, Tramadol ER 150mg #90 is not medically necessary in that quantity.

Menthoderm 120gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic creams Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Mentoderm is a compounded formulation containing the nonsteroidal anti-inflammatory methyl salicylate and menthol. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week

period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Recommended for short-term use (4-12 weeks). In this instance, the injured worker does have degenerative joint disease of the right knee. He has had several invasive treatments (arthroscopic surgery and Synvisc injection) and he is unable to take oral NSAIDs because of gastrointestinal issues. Therefore, Methoderm 120gm is medically necessary.