

<b>Case Number:</b>	CM14-0175647		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/24/1996
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, and upper back pain reportedly associated with an industrial injury of October 24, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; home health services; and extensive periods of time off of work. In a Utilization Review Report dated October 2, 2014, the claims administrator partially approved a request for Ultram, partially approved a request for Lyrica, denied a request for Ambien, and approved a request for Cialis. The applicant's attorney subsequently appealed. In a progress note dated February 7, 2014, the applicant reported ongoing complaints of elbow pain, foot pain, low back pain, ankle pain, and shoulder pain. The applicant was kept off work, on total temporary disability. Prescriptions for Ultram, Lyrica, Ambien, and Cialis were endorsed. On May 30, 2014, the applicant was given prescription for tramadol from a second treating provider. The applicant was asked to employ Lunesta for insomnia and stop Sonata. Topical compounded drugs were also endorsed. In a later note dated May 6, 2014, the applicant reported heightened complaints of low back pain radiating into the bilateral lower extremities, exacerbated by bending, sitting, standing, and stooping. The applicant was not working and was again placed off work, on total temporary disability. Home Health Services were sought to assist the applicant perform household chores to include cooking, cleaning, and laundry. The applicant was asked to employ Ultram, Cialis, and Lyrica. On this occasion, it was stated that Ambien had been discontinued in one section of the note. The applicant was again given a diagnosis of fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Opioids, Ongoing Management topic Page(s): 80 78.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant is having difficulty performing even basic activities of daily living such as cooking, cleaning, household chores, sitting, standing, bending, etc., despite ongoing usage of Ultram. All of the foregoing, taken together, does not make a compelling case of continuation of the same. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants obtain prescriptions for opioids from a single practitioner. In this case, the applicant is seemingly obtaining prescriptions for Ultram from two separate practitioners. Therefore, the request is not medically necessary.

**Lyrica 75 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic, Functional Restoration Approach to Chronic Pain Management section Page(s):.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica is a first-line agent for neuropathic pain, this recommendation however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporates some discussion of medication efficacy into his choice of recommendations. In this case, however, the fact that the applicant remains off of work, on total temporary disability, remains reliant on opioid agents such as Ultram, and is having difficulty performing activities of daily living as basic as cooking, cleaning, household chores, lifting, standing, walking, bending, etc., suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

**Ambien 10 mg #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide Ambien Label - Food and Drug Administration [www.accessdata.fda.gov/drugsatfda.../labe](http://www.accessdata.fda.gov/drugsatfda.../labe)

**Decision rationale:** While the MTUS does not specifically address topic of Ambien usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "other medications" which an applicant is using into his choice of pharmacotherapy. In this case, the applicant is concurrently receiving prescription for a second sleep aid, Lunesta, from a secondary treating provider. No compelling applicant-specific rationale for provision of two separate sleep aids was furnished here. It is further noted that pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that an attending provider using a drug for non-FDA labeled purposes has a reasonability to be well informed regarding usage of the same. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, it appears that the attending provider and/or applicant have been using Ambien for chronic, long-term, and nightly use purposes well in excess of 35 days. Therefore, the request is not medically necessary.