

Case Number:	CM14-0057004		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2008
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 is licensed to practice in Nevada. 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 42-year-old female who was reportedly injured on 3/19/2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 3/18/2014. Indicates that there are ongoing complaints of upper back, lower back and bilateral knee pain. The physical examination demonstrated lumbar spine: decreased sensation to the foot dorsum, posterior lateral calf, bilaterally. Normal motor exam except for grade 4/5 plantar flexor and toe extensor, bilaterally. Bilateral sacroiliac tenderness with compression. Sciatic nerve compression positive bilaterally. Straight leg raise positive bilaterally supine bilaterally at 60, seated bilaterally at 50. Left knee: abnormal patellar tracking, patellar grind maneuver is positive. Positive hamstring tenderness. Positive tenderness medial/lateral aspect. Effusion and swelling is present. Positive McMurray's, positive drawers, positive Lachman, positive Varus/Valgus stress test, positive instability test. Limited range of motion. Muscle strength -4/5 with flexion, extension 3/5. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, injections, medications, and concerns treatment. A request was made for tramadol, Xanax and Ambien, and was not certified in the pre-authorization process on 4/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82,113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the Tramadol is not medically necessary.

Xanax: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 -9792.26, MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support benzodiazepines (Xanax) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this Xanax is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 07/10/14).

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this Ambien is not medically necessary.