

<b>Case Number:</b>	CM14-0070150		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/31/2003
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 12/31/03 date of injury, and status post right shoulder surgery 6/3/05. At the time (5/5/14) of the decision for Tramadol 50 mg # 120 with 2 refills, Motrin 800 mg # 60, and Ambien 10 mg # 30, there is documentation of subjective (numbness and tingling in the right thumb, index, and middle finger, difficulty sleeping due to pain) and objective (tenderness to palpation at the right shoulder and positive crepitus) findings, current diagnoses (osteoarthritis, unspecified whether generalized or localized; disorders of bursa and tendons in shoulder region, unspecified; and carpal tunnel syndrome), and treatment to date (medications (including ongoing use of Motrin and Tramadol since at least 11/13)). Regarding the requested Tramadol 50 mg # 120 with 2 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain and that Tramadol used as a second-line treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding the requested Motrin 800 mg # 60, there is no documentation of an exacerbation of chronic pain, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg # 120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids Page(s): 74-80;113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, unspecified whether generalized or localized; disorders of bursa and tendons in shoulder region, unspecified; and carpal tunnel syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of moderate to severe pain and that Tramadol used as a second-line treatment. Furthermore, given medical records reflecting prescription for Tramadol since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50 mg # 120 with 2 refills is not medically necessary.

**Motrin 800 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, unspecified whether generalized or localized; disorders of bursa and tendons in shoulder region, unspecified; and carpal tunnel syndrome. However, there is no documentation of an exacerbation of chronic pain. In addition, given medical records reflecting prescription for Motrin since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Motrin 800 mg # 60 is not medically necessary.

**Ambien 10 mg # 30:** Overturned

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

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

**Decision rationale:** MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, unspecified whether generalized or localized; disorders of bursa and tendons in shoulder region, unspecified; and carpal tunnel syndrome. In addition, there is documentation of difficulty sleeping due to pain. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10 mg # 30 is medically necessary.