

Case Number:	CM14-0073745		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2012
Decision Date:	08/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 claimant was injured on 06/10/07. Her medications tramadol, Percocet, and Ambien are under review. On 04/21/14, the quantities of the tramadol and Percocet were partially certified and Ambien was non-certified. The amounts were partially certified to allow for taper. This was due to there being no documentation of improvement in function or maintenance of function with the use of the medications. Close monitoring was absent. The claimant was evaluated on 04/21/14 by [REDACTED] for an orthopedic surgical consultation. She had low back and right hip pain that was very painful. It was acute and worse and occurred daily. She seemed weaker and was tripping. She had primarily axial back pain. She had multiple imaging studies. Her medications included anticonvulsants, muscle relaxants, narcotics and anti-inflammatories. She had a normal gait. There was tenderness. She had good range of motion and negative straight leg raise tests. There were no neurologic deficits and no atrophy. She had full strength. She was status post an MRI that showed multilevel discogenic disease. Pain management, conditioning and detoxification from Percocet were recommended. She needed to medicine such as Ambien. She was referred to [REDACTED] for this process. There is no other information about her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids: Tramadol Page(s): 88-89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg #90. The MTUS state "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant's pattern of use and evidence of benefit or the anticipated benefit to her from the use of this medication have not been stated. The medical necessity of tramadol has not been clearly demonstrated.

Percocet 10/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain: Oxycodone/Acetaminophen Page(s): 78-82.

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

Decision rationale: The history and documentation do not objectively support the request for the opioid, Percocet 10/325 #90. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Percocet is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has

been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Percocet has not been clearly demonstrated.

Ambien 10mg, QTY: 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 Treatment in Workers Compensation, 5th Edition: Pain (Chronic); Zolpidem (Ambien).

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

Decision rationale: The history and documentation do not objectively support the request for Ambien. The MTUS do not specifically address pharmaceutical sleep aids but do mention that sleep is important to recovery. The ODG Formulary states "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 case, the claimant's pattern of use and the benefit to her of the use of this medication have not been described. There is no evidence of significant benefit to her, including improved function based on use of this medication. There is no documentation of poor sleep or failure of other sleep hygiene methods. The medical necessity of Ambien 10 mg #30 has not been clearly demonstrated.