

<b>Case Number:</b>	CM14-0092099		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 injured worker is a 58-year-old female who sustained cumulative trauma from March 20, 2013 to September 16, 2013. She was diagnosed with left-sided radiculopathy and severe L5-S1 disc herniation with scoliosis. She was seen for an evaluation on May 1, 2014. She complained of ongoing pain to the low back and left leg. She reported that the pain was affecting her sleep pattern as well as some issues with distress and anxiety. She also complained of aching, burning, and stabbing pain in the low back with numbness and pins and needles sensation in the left leg. She was taking Zolpidem 10 mg, which helped. She was not attending any therapy. Examination of the cervical spine revealed tenderness over the paraspinal musculature of the lumbar region on the left side. Midline tenderness was noted over the lumbar spine. There was hamstring tightness. Muscle spasm was present over the lumbar spine. Range of motion was limited and with spasms. There was decreased pin sensation in the dorsum of the foot and posterolateral calf on the left side. There was decreased L5 and S1 dermatomal sensation. Motor examination by manual muscle testing was normal except for grade 4 plantar flexor and toe extensor on the left side. Left sacroiliac tenderness was noted on compression. Sciatic nerve compression was positive on the left. Straight leg raising test was positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, # 60, with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request for Ultram 50 mg #60 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there should be evidence of improved pain and functioning. The injured worker has satisfied neither of these conditions. There were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Ultram 50 mg #60. Therefore, this request is not medically necessary.

**Zolpidem 10mg, # 30, with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Insomnia Treatment, Ambien Non-Benzodiazepine sedative-hypnotics.

**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:** The request for Zolpidem 10 mg #30 is not medically necessary at this time. Review of medical records revealed that the injured worker has been medicating with Zolpidem since February 2014. This is not in accordance with the Official Disability Guidelines. Guidelines recommend this medication for treatment of insomnia on a short-term basis only, usually two to six weeks. Therefore, this request is not medically necessary.