

Case Number:	CM14-0193339		
Date Assigned:	12/01/2014	Date of Injury:	01/10/2008
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 (IW) is a 70-year-old man with a date of injury of January 10, 2008. The mechanism of injury was not documented in the medical record. The IW had a pulmonary evaluation on October 15, 2014. The IW reported a history of welding and exposure to toxins, limited mobility, waking up in the middle of the night gasping for air, snoring, and feeling sleepy and exhausted during the day. The IW is being treated for chronic low back pain and insomnia. Pursuant to the Pain Management Follow-Up Evaluation Report dated November 6, 2014, the IW complains of low back and hip pain, which he rates 4/10 on the pain scale. He takes his medications regularly and tolerates them well. He reports that medications are helping with the pain. Physical examination revealed antalgic gait on the left with assistance of a cane. He was unable to perform heel to toe walk. There is tenderness noted over the lumbar paraspinous muscles. There is moderate to severe facet tenderness noted at the L3 through S1 levels. Sacroiliac tests are positive. Kemp's test is positive. There is pain with all lumbar spine range of motion. There is decreased sensation along the left L4, bilateral L5 and left S1 dermatomes. The IW has been diagnosed with lumbar musculoligamentous strain; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; sacroiliac joint arthropathy; chronic pain; sleep problems; and obesity. The provider is requesting authorization for Norco 5/2325mg, Ultram ER 150mg, and Ambien 10mg. Documentation indicated the IW has been taking Ultram since at least January 9, 2014. Documentation indicates that the IW has been taking Ambien since at least May 5, 2014. It is unclear as to the length of time that the IW has been taking the aforementioned medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10mg: 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 (Chronic)

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

Decision rationale: Pursuant to the Official Disability Guidelines, one prescription Ambien 10 mg is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic which is recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see guidelines. In this case, the workers being treated for chronic low back pain. Additional complaints are insomnia. The injured worker was approved for a sleep study and pulmonary evaluation. Review of the documentation indicates Ambien was refilled on May 5, 2014. It is unclear as to the start date of Ambien based on the medical record documentation. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. There are no compelling clinical facts in the medical record supporting the ongoing use of Ambien and consequently, one prescription for Ambien 10 mg is not medically necessary.

1 prescription of Tramadol HCL ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription for tramadol HCl ER 150 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for chronic low back pain and insomnia. The injured worker was approved for a pulmonary evaluation and sleep study. The guidelines support tramadol use short-term for moderate to severe pain. The documentation does not contain clinical evidence of objective functional improvement associated with tramadol use. The documentation indicates tramadol was refilled in January 2014. It is unclear from the documentation as to how long the worker has been taking tramadol based on the medical record. Consequently, absent the appropriate supporting documentation, tramadol HCl ER 150 mg is not medically necessary.

