

Case Number:	CM15-0002415		
Date Assigned:	01/13/2015	Date of Injury:	08/06/1998
Decision Date:	03/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male with a date of injury as 08/06/1998. The current diagnoses include status post anterior lumbar fusion with chronic residual pain, psychological diagnosis, diabetes, hypertension, and epigastric pain. Previous treatments include lumbar fusion and medications. Physician's reports dated 07/23/2014 through 12/10/2014 were included in the documentation submitted for review. Report dated 12/03/2014 noted that the injured worker presented with complaints that included low back pain and stiffness. The injured worker notes functional improvement with use of medication and has discontinued the Norco due to GI upset. Physical examination revealed tenderness in the lumbar paravertebral musculature, decreased range of motion. The physician noted that the injured worker has signed a narcotics contract and will be under go urine drug testing every three months. Current documentation did not contain a detailed evaluation of functional improvement with use of medications or current pain levels. The utilization review performed on 12/04/2014 non-certified a prescription for Ultram and Ambien based on the clinical information provided. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #160, refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: CLINICAL SUMMARY: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 1998. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve request for Ultram and Ambien while apparently approving a request for Norco. The claims administrator referenced a November 11, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported ongoing issues with diabetes and hypertension. The applicant was using metformin, Ultram, Pravachol, Lotensin, Lunesta, it was acknowledged. H. pylori breath testing was recommended. The applicant's work status was not furnished. In a July 23, 2014 progress note, the applicant was described as not doing well. The applicant was not back to baseline. The attending provider stated that the applicant had severe and constant pain in one section of the note and then reported, somewhat incongruously, that the applicant was benefiting from his medications. The applicant was status post earlier failed lumbar fusion surgery. The applicant had developed issues with depression, it was stated. The applicant was given a shot of Toradol. Ultram, a topical compounded medication, Norco, and Ambien were endorsed. The applicant's work status was not, once again, clearly stated. On September 8, 2014, the applicant reported persistent complaints of low back pain. The applicant was having difficulty with bending, stooping, squatting, twisting, turning, standing, and walking. The applicant had been given a 63% permanent partial disability rating, it was stated. Once again, it did not appear that the applicant was working with said limitations in place. On December 3, 2014, the applicant was given a refill of Ultram. Persistent complaints of low back pain were noted. The attending provider stated that the applicant's usage of Ultram was beneficial but did not elaborate further. On November 5, 2014, the applicant was given refills of Ultram and Ambien. No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status has not been clearly outlined, although it did not appear that the applicant was working with a 63% permanent partial disability rating. The applicant's continuing complaints that he is having difficulty performing activities of daily living as basic as sitting, standing, walking, twisting, bending, lifting, etc., coupled with the applicant's seeming failure to return to work, did not make a compelling case for continuation of Ultram. Therefore, the request was not medically necessary.

Ambien 10mg #30, refill: 2: 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 for Workers' Compensation, Online Edition, Chapter: Pain (Chronic) Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation FDA

Decision rationale: Similarly, the request for Ambien (zolpidem), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated for the "short-term treatment of insomnia," for "up to 35 days." Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the FDA label. The attending provider did not furnish any rationale for the chronic, long-term, and/or daily usage of Ambien implied by the 30-tablet, two-refill supply at issue. The request, thus, is at odds with the FDA label and, by implication, with pages 7 and 8 of MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.