

Case Number:	CM15-0003788		
Date Assigned:	01/14/2015	Date of Injury:	11/23/2007
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old female with an industrial injury dated 11/23/2007. The diagnoses included left and right post traumatic thoracic outlet syndrome, closed head trauma, left shoulder adhesive capsulitis, upper extremity entrapment, fibromyalgia, left ankle arthroscopy 2009, insomnia and lumbar discopathy. The treatments were surgical decompression of the left brachial plexus 8/8/2014, medications and post-operative physical therapy. The treating provider's progress note described improvement on the left but noting that similar symptoms of the brachial plexus now emerging on the right side with decrease in sensation, decreased reflexes, increase in pain and decreased strength along with obliteration of the radial pulse with elevation of the right arm. The UR determination denied request on 12/12/2014 for 1. Ambien 10mg #30 citing ODG and 2. Tramadol 50mg #3 modified to #15 citing MTUS Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 84, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain (Chronic), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline). Chawla J, et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Accessed 03/03/2015. Bonnet MH, et al. Treatment of Insomnia, Topic 7691, Version 363.0. UpToDate. Accessed 03/15/2015

Decision rationale: Ambien (zolpidem tartrate) is a medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records indicated the worker was taking this medication for at least several months. There was no documented sleep assessment containing any of the elements recommended by the literature, mentioned trial of behavioral intervention, or description of benefit with the use of this medication. In the absence of such evidence, the current request for thirty tablets of Ambien (zolpidem tartrate) 10mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Tramadol 50mg #30, PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 84, and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95, page 124.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity

of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records concluded the worker was suffering from right post-traumatic thoracic outlet syndrome, left piriformis syndrome, left shoulder adhesive capsulitis, fibromyalgia, high blood pressure, an unspecified sleep disorder, and lumbar discopathy. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, a detailed individualized risk assessment was not provided, and there was no documented exploration of potential negative effects. In the absence of such evidence, the current request for thirty tablets of tramadol 50mg for use as needed is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.