

<b>Case Number:</b>	CM15-0105545		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female, who sustained an industrial injury on 4/4/11. She reported initial complaints of neck pain and headaches. The injured worker was diagnosed as having degeneration of cervical intervertebral disc; chronic pain syndrome; brachial neuritis. Treatment to date has included status post ACDF (anterior cervical disc fusion) (8/29/12); injections; medications. Currently, the PR-2 notes dated 4/28/15 indicated the injured worker complains of increase in pain and left-sided neck spasms since 3 days ago. There was no specific trigger and she denied any radiating pain, numbness, tingling or focal motor weakness in the upper extremities. She is requesting a refill of her medications. On this date, the provider administered Toradol 60mg intramuscularly and the injured worker noted relief of her pain 10-15 minutes later. She is a status post ACDF (Anterior cervical disc fusion) of 8/29/12. Prior PR-2 notes (2/25/15) indicate she complained on that day of numbness and tingling in the bilateral hands and feet. The provider suggested a neurological consultation if the symptoms persisted but she deferred this option. The provider's treatment plan included a continuation of medications and he is requesting authorization of Ambien CR 12.5mg #30 with 2 refills and Tramadol 50mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg Qty: 30 with 2 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 (ODG), Pain chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in April 2011 and continues to be treated for chronic neck pain. She underwent a cervical spine fusion in August 2012. When seen, there had been an increase in neck pain and left-sided muscle spasms for three days. Other than for an elevated BMI of nearly 29, a normal examination is documented. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, the requested Ambien was not medically necessary.

**Tramadol 50mg Qty: 90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in April 2011 and continues to be treated for chronic neck pain. She underwent a cervical spine fusion in August 2012. When seen, there had been an increase in neck pain and left-sided muscle spasms for three days. Other than for an elevated BMI of nearly 29, a normal examination is documented. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of tramadol was not medically necessary.