

Case Number:	CM15-0109218		
Date Assigned:	06/15/2015	Date of Injury:	10/10/2010
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 10/10/10. The injured worker has complaints of chronic neck and low back pain. The documentation noted on examination that the injured workers straight leg raise is positive on the right and negative on the left and tenderness of palpation over the lumbosacral paraspinals with muscle tightness. The diagnoses have included cervical discogenic pain syndrome; discogenic low back pain and bilateral L5 radiculitis. Treatment to date has included cervical spine magnetic resonance imaging (MRI) on 1/15/14 C2-T1 showed no evidence for spinal stenosis or neural foraminal narrowing, paraspinal soft tissues are unremarkable in appearance; epidural steroid injection; tramadol; norco; ambien CR; ibuprofen; omeprazole; home exercise program; moist heat and ice for enhanced relief. The request was for ambien 10mg quantity 6 and ultram 50mg quantity 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg qty: 60: 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) -

Treatment for Workers' Compensation 2014 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 03/31/14): Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 10/10/10 and presents with neck and low back pain. The request is for AMBIEN 10 MG QTY 60. The RFA is dated 05/27/15 and the patient is off of work. She has been taking this medication as early as 11/04/14. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults. The patient is diagnosed with cervical discogenic pain syndrome, discogenic low back pain, and bilateral L5 radiculitis. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 11/04/14 which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis which is not recommended by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.

Ultram 50mg qty: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 10/10/10 and presents with neck and low back pain. The request is for ULTRAM 50 MG QTY 100 for neuropathic pain. The RFA is dated 05/27/15 and the patient is off of work. She has been taking this medication as early as 02/12/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The 02/12/15 report states that the patient rates her pain as an 8-9/10 without medications and a 5/10 with medications. The 03/13/15 report indicates that the patient rates her pain as a 9/10. The 05/26/15 report states that the patient rates her pain as a 8-9/10 without medications and a 6-7/10 with medications. The patient underwent a urine drug screen on 01/14/15 and was consistent with her prescriptions. Although the treater provides before-and-after medication pain scales, not all of the 4 As are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. The patient is consistent with her urine drug screen; however, there are no pain contracts on file. No outcome measures are provided as required

by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram IS NOT medically necessary.