

Case Number:	CM15-0019384		
Date Assigned:	02/09/2015	Date of Injury:	07/27/2006
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 65 year old male who sustained an industrial injury on 07/27/2006. He has reported a flare up of right shoulder pain rated at 4-7 /10 on a pain scale and complained of joint pain and difficulty sleeping. Diagnoses include right shoulder periscapular strain/sprain/impingement, acromioclavicular joint degenerative changes, neck, low back, right elbow symptoms unchanged, gastrointestinal issues improved and stress/anxiety deferred. Treatment to date includes medication administration for pain and sleep. In the note of 12/18/2014, the provider notes that the patient has failed behavioral techniques for improved sleep and has sleep difficulty. A progress note from the treating provider dated 12/18/2014 indicates the IW had been out of pain medication for 1 month and his pain had increased. Objectively there was tenderness to palpation over the anterior capsule and periscapular muscle, slight crepitus present, the impingement test was positive and he had slightly decreased shoulder ranges of motion. On 01/08/2015 Utilization Review non-certified a request for One (1) prescription of Sonata 10mg #30 noting that pharmacological agents should be used only after careful evaluation of potential causes of sleep disturbance and the specific component of insomnia should be addressed. The ODG states that failure of sleep disturbance to resolve in a 7-10 day period may indicate a psychiatric and /or medical illness. The IW has used this medication since 5/13, and it is evident the sleep aid does not work for this person on a consistent basis and the issue is well beyond the 7-10 day period where psychiatric and /or medical illness should be addressed. Official Disability Guidelines (ODG), Pain (Chronic) were cited. On 01/08/2015 Utilization Review non-certified a request for One (1) prescription of

Ultram ER 150mg #30, noting the IW had used this medication since 2013 and requests have since that point been non-certified due to issues with blood in the stools secondary to medicine use as well as a lack of any sustained pain or functional improvement. Without new indications for opioid therapy and with the IW's past issues while on opioid therapy, it appears this medication use is not warranted. The MTUS Guidelines, Tramadol (Ultram, Ultram ER), Opioids were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Sonata 10mg #30: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Insomnia Treatment.

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." While it is noted in the documentation that the injured worker has failed behavioral techniques for improved sleep and has sleep difficulty, the injured worker has been using this medication since 5/2013. Per the guidelines: Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The injured worker has used this medication far beyond this period. The request is not medically necessary.

One (1) prescription of Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of Ultram ER nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.