

Case Number:	CM15-0149067		
Date Assigned:	08/12/2015	Date of Injury:	09/18/2000
Decision Date:	09/21/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 78-year-old male who sustained an industrial injury on 09-18-2000. According to a partially legible handwritten progress report dated 0-21-2015, the injured worker was seen for a routine check-up. Pain without medications was rated 8 on a scale of 1-10. Back pain was under control. He was not having any radiating pain. Pain only got to 6-7 intermittently. The injured worker reported that he had a catheter put in because he could not urinate anymore. He used Vicodin and Ultram for pain control. Vicodin decreased pain from 8 to 4. Tramadol did just as well or better. The treatment plan included Ambien and Tramadol. Vicodin was discontinued. A urine drug screen dated 04-21-2015 was noted as negative for hydrocodone and inconsistent. According to a partially legible handwritten progress report dated 07/10/2015, the injured worker was overall about the same physically, maybe a little weaker and could not walk as much. He was not sleeping and would forget to eat. He was notably short of breath. Diagnoses included chronic obstructive pulmonary disease, sleep dysfunction and severe weakness. The provider noted that the injured worker needed to get a BIPAP (bi-level positive airway pressure) and was off CPAP (continuous positive airway pressure). Aricept was prescribed on a nonindustrial basis. Currently under review is the request for Tramadol 150 mg #60 with 2 refills, Ambien 10 mg #30 with 2 refills and Aricept 5 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 150mg #60 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain that was under control. He was not having any radiating pain. Pain only got to 6-7 intermittently. The injured worker reported that he had a catheter put in because he could not urinate anymore. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 150mg #60 with 2 refills is not medically necessary.

Ambien 10mg #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), Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg #30 with 2 refills is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has back pain that was under control. He was not having any radiating pain. Pain only got to 6-7 intermittently. The injured worker reported that he had a catheter put in because he could not urinate anymore. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg #30 with 2 refills is not medically necessary.

Aricept 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-14335/aricept-oral/details>.

Decision rationale: The requested Aricept 5mg #30 with 1 refill is not medically necessary. CA MTUS and ODG are silent on this medication that <http://www.webmd.com/drugs/2/drug-14335/aricept-oral/details> noted is used to treat Alzheimer's disease. The injured worker has back pain that was under control. He was not having any radiating pain. Pain only got to 6-7 intermittently. The injured worker reported that he had a catheter put in because he could not urinate anymore. The treating physician has not documented the injury-related medical indication for this medication or any derived functional benefit from its previous use. The criteria noted above not having been met, Aricept 5mg #30 with 1 refill is not medically necessary.