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| <b>Case Number:</b>   | CM15-0160351 |                              |            |
| <b>Date Assigned:</b> | 08/26/2015   | <b>Date of Injury:</b>       | 12/05/2013 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 07/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 5, 2013. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for Ambien and Tramadol. The claims administrator referenced a July 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested the sole note on file was dated May 27, 2015. On said May 27, 2015 progress note, the applicant reported ongoing complaints of neck pain status post earlier multilevel anterior cervical discectomy and fusion surgery. The date of surgery was not furnished. X-rays of the neck suggested that the applicant's hardware was in place. Tramadol was endorsed while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's using Ambien on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 5 mg, thirty count with one refill:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines.

**Decision rationale:** No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administrator (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the 30-tablet, 1-refill supply of Ambien at issue, in and of itself, represents treatment in excess of the FDA label. In a similar vein, ODGs Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for a short-term use purposes. The request in question, thus, was both at odds with the FDA label and with the ODG position on the same. Therefore, the request was not medically necessary.

**Tramadol 50 mg, sixty count with one refill:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on May 27, 2015. The July 8, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. The Utilization Review report of July 23, 2015 did not discuss or detail the applicant's work status. While it is acknowledged that the July 8, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiates the request. Therefore, the request was not medically necessary.