

Case Number:	CM15-0195416		
Date Assigned:	10/14/2015	Date of Injury:	09/15/2000
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 59 year old female who sustained an industrial injury on 9-5-2000. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulges, right and left shoulder strain and right elbow strain. Medical records (2-12-2015 to 8-20-2015) indicate ongoing low back pain rated 7-9 out of 10. Progress reports were hand-written and difficult to decipher. She also complained of numbness and tingling in her left arm. The submitted documentation did not include complaints related to sleep. The physical exam (8-20-2015) revealed lumbar spine spasms. Treatment has included medications (Ambien since at least 2-12-2015 and Ultram since at least 5-28-2015). The request for authorization was dated 8-20-2015. The original Utilization Review (UR) (9-18- 2015) denied requests for Ambien and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 refills of Ultram (dosage frequency, and duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The current request is for 2 refills of Ultram (dosage frequency, and duration not specified). The RFA is dated 08/20/15. Treatment history include medications. Other previous treatments were not documented. The patient's work status was not provided. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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. MTUS, Criteria for Use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/20/15, the patient presents with chronic neck and lower back pain. She also complained of numbness and tingling in her left arm. Current medications include Ultram and Ambien. Progress reports 05/05/15 and 08/20/15 recommended a "refill" of Ultram and Ambien. Reports 07/15/14 through 08/20/15 were provided for review. There is no discussion regarding medication efficacy in any of the reports. There is no discussion of specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There are no before and after pain scales provided to denote a decrease, either. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Refill of Ambien (dosage, frequency, and duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter, Zolpidem.

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) Chapter, under Zolpidem.

Decision rationale: The current request is for refill of Ambien (dosage, frequency, and duration not specified). The RFA is dated 08/20/15. Treatment history include medications. Other previous treatments were not documented. The patient's work status was not provided. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills,

so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per report 08/20/15, the patient presents with chronic neck and lower back pain. She also complained of numbness and tingling in her left arm. Current medications include Ultram and Ambien. Progress reports 05/05/15 and 08/20/15 recommended a "refill" of Ultram and Ambien. Reports 07/15/14 through 08/20/15 were reviewed. The patient has been provided a refill of Ambien since at least May of 2015, with no discussion regarding insomnia or sleep disturbances. Furthermore, ODG recommends Ambien for short-term (7-10 days), due to negative side effect profile. The current request for a refill, in addition to prior use does not indicate short term use. The request is not medically necessary.