

Case Number:	CM15-0200112		
Date Assigned:	10/15/2015	Date of Injury:	11/01/2011
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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, California Certification(s)/Specialty: Family Practice

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 55 year old female patient, who sustained an industrial injury on 11-01-2011. The diagnoses include status post bilateral carpal tunnel release, status post bilateral DeQuervain's release, status post right 1st carpometacarpal interposition arthroplasty, status post trigger finger release, status post left carpal tunnel revision surgery, and left trigger thumb. Per the doctor's note dated 9/8/15, she had complaints of increased pain at base of left thumb. The physical examination revealed left wrist flexion 45, extension 45, radial deviation 15 and ulnar deviation 20 degrees; tenderness at base of left thumb and at 1st carpometacarpal with triggering of left thumb. The medications list includes ultram, norco, voltaren, ambien and prilosec. Per the psychologist report dated 2/17/15 and 9/10/15, the patient had depressive symptoms, anxiety symptoms and sleep disturbances. On 2/17/15, the psychologist recommended trial of antidepressant cymbalta or effexor. She had MRI left wrist on 9/29/15. She has undergone right carpal tunnel release in 1980, right DeQuervain's release in 1980, left carpal tunnel release in 1980, left DeQuervain's release in 1980, right 1st carpometacarpal interposition arthroplasty in 1/2014, trigger finger release right hand on 12/20/14 and left carpal tunnel revision surgery on 4/18/2015. Treatment and diagnostics to date has included surgery and medications. The Utilization Review with a decision date of 09-28-2015 modified the request for 60 tablets of Tramadol 150mg to 20 tablets of Tramadol 150mg and non-certified the request for 60 tablets of Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Tramadol 150 mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines; Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the doctor's note dated 9/8/15, she had complaints of increased pain at the base of the left thumb. She has significant objective findings on the physical exam left wrist flexion 45, extension 45, radial deviation 15 and ulnar deviation 20 degrees; tenderness at base of left thumb and at 1st carpometacarpal with triggering of left thumb. She has history of multiple surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 150 mg #60 is medically appropriate and necessary for this patient.

Ambien 10 mg #60: 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 Official Disability Guidelines (ODG) Chapter : Pain (updated 10/09/15) Zolpidem (Ambien).

Decision rationale: Ambien 10 mg #60. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. 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 a concern that they may increase pain and depression over the long-term. A detailed rationale for the long term use of Ambien is not specified in the records provided. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #60 is not fully established for this patient at this time given the medical records submitted and the guidelines referenced.

