MAXIMUS Federal Services

| Case Number: | CM15-0206225 | | |
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| Date Assigned: | 10/23/2015 | Date of Injury: | 11/06/2011 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

## 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 57-year-old who has filed a claim for chronic low back pain and knee pain reportedly associated with an industrial injury of November 6, 2011. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for tramadol and Ambien. The claims administrator referenced an October 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 25, 2015 office visit, the applicant reported ongoing complaints of knee pain, reportedly worsened since the preceding visit. The applicant also reported ancillary complaints of stiffness about the injured knee. The applicant was asked to pursue a total knee arthroplasty procedure. No seeming discussion of medication/medications efficacy transpired on this date. The applicant's medications list was not detailed. On an RFA form dated September 15, 2015, tramadol and Ambien were endorsed, seemingly without any supporting rationale. On an earlier note dated March 10, 2015, the applicant was placed off of work, on total temporary disability, while tramadol and Ambien were renewed. The applicant was using a cane to move about. Once again, no seeming discussion of medication efficacy transpired.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #60:** Upheld

**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, criteria for use.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was 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 remained off of work, the treating provider reported on multiple dates of service, referenced above, including on March 10, 2015 and August 25, 2015. The applicant was using a cane to move about and exhibited a visibly antalgic gait, it was reported on those dates. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Ambien 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; Pain chapter.

**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 U.S. Food and Drug Administration (FDA).

**Decision rationale:** Similarly, the request for Ambien, a sleep aid, was likewise 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 a non-FDA labeled purposes has the responsibility to be well-informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The FDA notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for Ambien was at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.