

<b>Case Number:</b>	CM15-0021794		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/01/1994
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: 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 66 year old male, who sustained an industrial injury on 8/1/1994. The diagnoses have included spondylolisthesis L5-S1. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker was taking Omeprazole, Tramadol and Zolpidem. The medication was helping to reduce his pain and he was able to sleep with Zolpidem. The injured worker was not attending therapy and was not working. He complained of low back pain that radiated down into the left thigh with numbness. Objective findings revealed diminished sensation in the left lateral thigh. The treatment plan was to continue Tramadol and Zolpidem, and to request magnetic resonance imaging (MRI) and physical therapy. On 2/4/2015, Utilization Review (UR) modified a request for Tramadol 50mg #20 with four refills to Tramadol 50mg #18 with no refills, citing the Medical Treatment Utilization Schedule (MTUS). UR modified a request for Zolpidem 5mg #30 with four refills to Zolpidem 5mg #27 with no refills, citing the Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #20 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 124.

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

**Decision rationale:** The requested Tramadol 50mg, #20 with 4 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 low back pain that radiated down into the left thigh with numbness. Objective findings revealed diminished sensation in the left lateral thigh. 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 50mg, #20 with 4 refills is not medically necessary.

**Zolpidem 5mg, #30 with 4 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, Pain, Zolpidem (Ambien)

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

**Decision rationale:** The requested Zolpidem 5mg, #30 with 4 refills, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), 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 low back pain that radiated down into the left thigh with numbness. Objective findings revealed diminished sensation in the left lateral thigh. 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, Zolpidem 5mg, #30 with 4 refills is not medically necessary.