

<b>Case Number:</b>	CM15-0023800		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 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:

The injured worker is a 52-year-old male who reported injury on 06/14/2012. The mechanism of injury was unspecified. His diagnoses include left distal clavicle fracture, left ulnar styloid avulsion fracture resolved, left C6 radiculopathy, insomnia, cervical sprain, and left shoulder sprain. His noted past treatments included medications and rest. On 12/03/2014, the injured worker complained of pain in the left shoulder that radiated down to the left elbow, wrist and neck area rated 5/10 to 7/10. The injured worker indicated he has been taking this medication on an as needed basis when the pain is worse and with usage of medication the pain was noted to go down. His noted medications included tramadol 50 mg and Ambien 5 mg. The treatment plan included tramadol 50 mg, Ambien 5 mg, physical therapy 2 times per week for 4 weeks, and continue with home exercise program. A Request for Authorization form was submitted on 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg # 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on tramadol for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of adverse side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Ambien 5mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

**Decision rationale:** The Official Disability Guidelines recommend Zolpidem as a first-line medications for insomnia, additionally indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. The injured worker was indicated to have been on Ambien for unspecified duration of time and was noted to have insomnia. However, there was lack of documentation in regard to an assessment for onset of sleep, sleep duration, and quality of sleep from medication usage. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.