

Case Number:	CM15-0217440		
Date Assigned:	11/09/2015	Date of Injury:	09/12/2001
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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:

This injured worker is a 62 year old male who reported an industrial injury on 9-12-2001. His diagnoses, and or impressions, were noted to include: polytrauma with moderate traumatic brain injury, status-post concussive syndrome; status-post traumatic stress disorder; cervical and lumbosacral disc syndrome with strain-sprain disorder and radiculopathy; bilateral carpal tunnel syndromes and bilateral double crush syndromes; and chronic pain syndrome with idiopathic insomnia. No imaging studies were noted. His treatments were noted to include: bilateral carpal tunnel surgeries (2002 & 2003); medication management with toxicology studies (2-16-15, 4-22-15 & 8-13-15); and rest from work. The progress notes of 8-13-2015 reported complaints, which included: neck, low-mid back, and bilateral upper extremity stabbing pain with stiffness, weakness, numbness, paresthesia, clumsiness and generalized discomfort; and good but partial response to treatment. The objective findings were noted to include: an unchanged review of systems; reduced lumbosacral, thoracic and cervical spine, and bilateral wrists-hand range-of-motion, on all planes; tender and painful cervical, thoracic and lumbosacral para-spinal muscular spasms; reduced sensation and strength in the bilateral median nerves of the wrists; positive Tinel's and Phalen's signs of the bilateral wrists; and reduced sensation and strength in the bilateral cervical and lumbar nerve roots, with absent biceps reflexes. The physician's request for treatments was noted to include: Ultracet #120 for relief of breakthrough pain; Ambien CR 12.5 mg at hour of sleep as needed, #30, for relief of insomnia; and Xanax 1 mg three x a day as needed for relief of anxiety. Tramadol HCL versus Ultram-Ultracet 37.5-325 mg, #120, was first noted requested on the 7-15-2015 progress notes. The Request for Authorization, dated 8-13-

2015, was noted to include Ambien CR 12.5 mg, #30; Ultracet 37.5-325 mg, #120; and Xanax 1 mg, #90. The Utilization Review of 10-26-2015 non-certified the request for Ambien CR 12.5 mg at bedtime as needed, #30; and modified the requests for Ultracet 37.5-325 mg as needed for breakthrough pain, #120, to #108, and Xanax 1 mg 3 x a day as needed, #90, to #72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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 (ODG), Treatment Index, 6th Edition (web), 2008, Pain Chapter: Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien CR 12.5mg #30 is determined to not be medically necessary.

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient

is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Ultram, Ultracet, or other opioid medication since at least February 2015 without objective evidence of quantifiable pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5/325mg #120 is determined to not be medically necessary.

Xanax 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been prescribed Xanax since August 2015 for anxiety disorder but there is no subjective complaints of anxiety symptoms in the available documentation. Additionally, urine drug screens were positive for tricyclic antidepressant but there is no evidence of these medications being prescribed. There is no objective evidence of the efficacy of the Xanax and this medication is not intended for long-term use. The request for Xanax 1mg #90 is determined to not be medically necessary.