

Case Number:	CM15-0219341		
Date Assigned:	11/12/2015	Date of Injury:	12/13/2011
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/07/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 12-13-2011. He has reported injury to the right knee, right shoulder, and low back. The diagnoses have included right knee internal derangement; lumbar myofascial pain; right shoulder internal derangement; intervertebral disc disease; and chronic right knee sprain. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Hydrocodone -Acetaminophen, Soma, and Elavil. A progress report from the treating physician, dated 09-28-2015, documented a follow-up visit with the injured worker. The injured worker reported right knee discomfort, described as being aching pain, continuous and throbbing; the pain is rated at a 9 out of 10 in intensity without medications; the pain is noticeable 100% of the time; the symptoms become aggravated by kneeling, bending, turning, twisting, stooping, and squatting; he has difficulty with rising from sitting, trying to get up and move in the morning, and getting up from lying or sitting; the symptoms are reduced by medication; he states that "the Elavil was not giving him enough relief from pain"; and he is "off his Norco". Objective findings included spinal restrictions-subluxations: L5, L3, L2, L4, and L1; extra-spinal restrictions-subluxations: right knee and left knee; there is pain and tenderness to the lower lumbar, upper lumbar, lumbosacral, upper leg, and lower leg; and moderate muscle spasms in the lumbar, bilateral anterior knees, right shin, right ankle, left dorsal foot, left shin, left ankle, and right dorsal foot regions. The treatment plan has included the request for Ambien 10mg #30; and Ultram 50mg #90. The original utilization review dated 10-07-2015, non-certified the request for Ambien #30; and modified the request for Ultram 50mg #90, to Ultram 50mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

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

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 insomnia in the injured worker. Ambien is being prescribed to assist with pain which is not supported by the guidelines. The request for Ambien 10mg #30 is not medically necessary.

Ultram 50mg #90: 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 for chronic pain.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. 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, there is a lack of quantifiable pain relief and objective 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 Ultram 50mg#90 is not medically necessary.