

<b>Case Number:</b>	CM15-0031702		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 07/26/2003. He has reported low back pain and neck pain. The diagnoses have included musculoligamentous sprain/strain of the cervical spine; and musculoligamentous strain of the lumbar spine. Treatment to date has included medications. Medications have included Flexeril, Tramadol, and Ambien. A progress note from the treating physician, dated 02/03/2015, documented a follow-up visit with the injured worker. The injured worker reported neck and lower back pain with intermittent radiculopathy to the upper and lower extremities; pain level is rated at 8/10 on the visual analog scale without medications, and 4/10 with medications; spasms in the lower back and legs; and insomnia. Objective findings included tenderness to palpation over the cervical and lumbar paraspinal muscles; decreased sensation over the right C6 dermatome; and decreased sensation over the S1 dermatome. The treatment plan has included request for prescription medications and follow-up evaluation. On 02/17/2015 Utilization Review modified a prescription of Tramadol 50 mg #60, to Tramadol 50 mg #30 with no refills; and modified a prescription of Ambien 10 mg #30, to Ambien 10 mg #15. The CA MTUS and the ODG were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription of Tramadol 50 mg #60; and a prescription of Ambien 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are musculoligamentous sprain/strain cervical spine; 3 - 4 mm disc bulge at C6 - C7 and T2 - T3 with radicular symptoms; musculoligamentous sprain lumbar spine; 11 mm spondylolisthesis L5 - S1 with a 3 mm posterior disc bulge at L4 - L5. Subjectively, the injured worker complains of neck and low back pain intermittent radiculopathy to the upper and lower extremities. Without medication pain is 8/10. With medications, pain is 4/10. He takes Ambien for insomnia that helps him sleep. Objectively, there is tenderness to palpation over the paraspinal muscles. Neurologic evaluation shows decreased sensation over the right C6 dermatome. A progress note dated August 2014 shows the injured worker was taking Norco and Flexeril at bedtime. A subsequent progress note dated October 28, 2014 lists Tramadol 50 mg and Ambien 10 mg as the current medications. There was no clinical indication or rationale for those medications in that progress note. In a February 15, 2015 progress note the treating provider requested a refill for tramadol. There is no documentation demonstrating objective functional improvement. There are no pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Tramadol 50 mg (long-term use), Tramadol 50 mg #30 is 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 (ODG), Treatment Index, 13th Edition (web), 2015, Pain, 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 section, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic

recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are musculoligamentous sprain/strain cervical spine; 3 - 4 mm disc bulge at C6 - C7 and T2 - T3 with radicular symptoms; musculoligamentous sprain lumbar spine; 11 mm spondylolisthesis L5 - S1 with a 3 mm posterior disc bulge at L4 - L5. Subjectively the injured worker complains of neck and low back pain intermittent radiculopathy to the upper and lower extremities. Without medication pain is 8/10. With medications, pain is 4/10. He takes Ambien for insomnia that helps him sleep. Objectively, there is tenderness to palpation over the paraspinal muscles. Neurologic evaluation shows decreased sensation over the right C6 dermatome. A progress note dated August 2014 shows the injured worker was taking Norco and Flexeril at bedtime. A subsequent progress note dated October 28, 2014 lists Tramadol 50 mg and Ambien 10 mg as the current medications. The treating physician requested a refill for Ambien in a progress note dated February 15, 2015. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. The treating physician has exceeded the recommended guidelines for short-term use by continuing Ambien for approximately 4 months. There is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support long-term Ambien, Ambien 10 mg #30 is not medically necessary.