

Case Number:	CM15-0040613		
Date Assigned:	03/10/2015	Date of Injury:	03/06/2014
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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: Indiana

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 57-year-old male who sustained an industrial injury on 03/06/2014. Current diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, thoracic spine sprain/strain, bilateral upper and lower extremity sprain/strain, bilateral knee contusion and sprain, bilateral elbow contusion, bilateral shoulder strain and impingement, cubital tunnel syndrome, and bilateral wrist sprain. Previous treatments included medication management and home exercise program. Report dated 12/08/2014 noted that the injured worker presented with complaints that included shoulder pain. Physical examination was positive for abnormal findings. The treatment plan included discontinue Ultram, Sonata, and Zanaflex due to side effects from the medication, and request authorization for Norco and Norflex. Of note this report was very hard to read due to illegible handwriting. Physician report dated 01/30/2015 notes that the Ultram and Sonata were previously discontinued, but provides details of why these medications are justified. It was further noted that Sonata will allow the injured worker to have a continuous, restful and restorative sleep of more than four hours without the risk of distorting his sleep pattern. Many articles and citations were provided in this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone / acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #120 is not medically necessary.

Sonata 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Insomnia Treatments.

Decision rationale: The CA MTUS silent regarding this topic. ODG states regarding insomnia, "Recommend correcting deficits, as non-restorative sleep is one of the strongest predictors for pain." ODG additional details specific components of sleep hygiene, such as a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. ODG states, "Zaleplon (Sonata #130;) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, and abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). (Morin, 2007) Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) This medication has a

rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." The medical documents also do not detail the specific complaints of insomnia, diagnosis of insomnia, and what conservative therapy was trailed and the results of those conservative therapy. As such, the request for Sonata 10mg #30 is not medically necessary.