

<b>Case Number:</b>	CM15-0041590		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: 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 54-year-old male who sustained an industrial injury on 02/27/12. Initial complaints and diagnoses are not available. Prior treatments include medications a right ulnar nerve transposition and exploratory of right distal biceps tendon. Prior diagnostic studies include a MRI and an EMG. Current complaints include ongoing neck and right upper extremity pain. In a progress note dated 01/29/15, the treating provider reports the plan of care to include continued medication including Ultracet, ibuprofen, Ambien and Lidoderm patches as well as acupuncture treatments. The requested treatments are Ultracet and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective of Ultracet 37.5/325mg #60 (DOS: 1/28/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48, 181-183, 40-46, 271-273, Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper extremity conditions. Medical records document the long-term use of Ultracet, which contains Tramadol. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and upper extremity conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 2/27/14 did not document a physical examination. Without documentation of physical examination, the request for Ultracet is not supported. The 2/27/14 progress report and MTUS guidelines do not support request for Ultracet. Therefore, the request for Ultracet is not medically necessary.

**Retrospective of Ambien 10mg #30 (DOS: 1/28/15): 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), Pain chapter.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period. The long-term use of

Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.