

Case Number:	CM15-0042498		
Date Assigned:	03/12/2015	Date of Injury:	11/16/2012
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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: Iowa

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 45 year old male who sustained an industrial injury on 11/16/12. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having lateral epicondylitis. Treatments to date have included status post right lateral epicondyle debridement on 10/24/13, physical therapy, oral opioid medication, topical gel, transcutaneous electrical nerve stimulation unit and home exercise program. Currently, the injured worker complains of right hand pain. The plan of care was for medication prescriptions, physical therapy and a follow up appointment at a later date. A utilization review did not certify the request for Ambien 5 mg #20 and Tramadol 50 mcg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, take one by mouth at bedtime QTY: 20: 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 Official Disability Guidelines (ODG) Pain Chapter, Zolpidem, insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a short acting, non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. MTUS does not provide recommendations on use of this medication. ODG recommends teaching and practicing proper sleep hygiene prior to initiation of medication and diagnosis of the specific component of insomnia to be addressed. Sleep hygiene recommendations include: a) Wake at the same time everyday; (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. Specific components of insomnia include: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The treating physician has not provided any documentation of discussion of sleep hygiene, diagnosis of the sleep component at issue, or response to prior first-line therapies. The documentation suggests the medication is indicated as a trial for insomnia, but there has been no documented discussion of the patient's sleep hygiene or additional information to justify use of the medication. Therefore, the request for Ambien 5 mg #20, is not medically necessary at this time.

Tramadol Hcl 50mg, take one by mouth, 3 times a day QTY: 90: 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; Tramadol Page(s): 74-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Tramadol is classified as central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, tramadol is not recommended as a first-line oral analgesic. ODG states that tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and there is no detailing of the reported pain over time or specific improvement while on this medication. Therefore, the request for Tramadol 50 mcg #90, is not medically necessary at this time.

