

<b>Case Number:</b>	CM15-0046729		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained an industrial injury to the back and bilateral knees on 5/4/12. Previous treatment included physical therapy, chiropractic therapy, medications, transcutaneous electrical nerve stimulator unit, platelet rich plasma, cortisone injections, nerve blocks, multiple surgeries and spinal cord stimulator. On 2/11/15, the injured worker underwent patellar tendon repair with reattachment using Morphix anchor. In a request for authorization dated 2/19/15, the injured worker complained of moderate pain to the left knee, 7/10 on the visual analog scale. Physical exam was remarkable for well healing surgical wound. Current diagnoses included knee degenerative osteoarthritis. The treatment plan included Tramadol 50mg and Ambien 10mg. In a request for authorization dated 2/26/15, the injured worker's left knee continued to improve. The injured worker's staples and stitches were removed. The treatment plan included wound care. Ambien and Tramadol were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Long-term opioid use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain was 8-9/10 for the past year while on Norco. The long-term use of opioids is not recommended. There is no mention of weaning and providing a non-opioid trial. No one opioid is superior to another. The continued use of Tramadol as above 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia- pg 64.

**Decision rationale:** Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. 1 month use of Zolpidem (Ambien) is not medically necessary.