

<b>Case Number:</b>	CM15-0056132		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, New York, California  
 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 applicant is a represented 48-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 4, 2011. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for Ambien, tramadol, and Flector. The claims administrator referenced an RFA form received on February 16, 2015 and a progress note of January 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 6, 2015 RFA form, Ambien, tramadol, and Benadryl were apparently endorsed. In an associated progress note dated February 25, 2015, the applicant reported ongoing complaints of numbness and tingling about the bilateral hands and feet. The applicant was status post earlier failed cervical fusion surgery. The applicant was on Flector patches, tramadol, Benadryl for sleep, and Ambien, it was acknowledged. The applicant was using both Ambien and Benadryl for sleep purposes, it was acknowledged. The applicant did report issues with depression and anxiety, it was stated in the review of systems section of the note. The applicant was described as unimproved overall. Multiple medications were renewed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On January 27, 2015, the applicant reported ongoing complaints of neck and shoulder pain with derivative complaints of leg pain, hand pain, and psychological stress. The applicant was using tramadol, Flector, Benadryl, and Ambien, it was acknowledged. Issues with anxiety and depression were appreciated in the review of systems section of the note. Once again, the applicant's work status was not detailed. The attending provider did state that the applicant had weaned off of Norco and was reportedly stable but did not elaborate further.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg Qty: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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation U.S. Food and Drug Administration NDA 19908 S027 FDA approved labeling 4.23.08.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider employing a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for a minimum of several months prior to the date it was apparently renewed by the attending provider. Continued usage of Ambien, thus, was at odds with the FDA label. The attending provider failed, however, to furnish any compelling applicant-specific rationale for continued usage of Ambien. It did not appear, furthermore, that ongoing usage of Ambien had effectively curtailed the applicant's issues with sleep disturbance, the treating provider reported on multiple progress notes of early 2015, referenced above. Therefore, the request was not medically necessary.

**Tramadol 50mg, quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, of early 2015, suggesting that the applicant

was not, in fact, working. While the attending provider did report that the applicant was stable on her current medication regimen on several occasions, the attending provider failed, however, to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Flector 1.3% transdermal patch quantity. 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** Finally, the request for Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the cervical spine, i.e., a relatively widespread region not easily amenable to topical application. Therefore, the request was not medically necessary.