MAXIMUS Federal Services

Case Number:	CM15-0086585		
Date Assigned:	05/12/2015	Date of Injury:	06/13/2011
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 was a 57 year old female, who sustained an industrial injury, June 13, 2011. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, Tylenol #3, Ambien, Random toxicology laboratory studies with expected results and physical therapy. The injured worker was diagnosed with right wrist stenosis tenosynovitis, chronic cervical sprain/strain, cervical disc bulge at C3, and right side cervical radiculitis by EMG, lumbar sprain/strain and bilateral carpal tunnel syndrome. According to progress note of March 16, 2015, the injured workers chief complaint was persistent pain in the neck, right shoulder, right wrist and hand. The pain was better with rest and medication. The pain was made worse by the weather and activities. The injured worker took Ambien at night for sleep. The physical examination revealed decreased range of motion to the cervical spine. There was tenderness to the paraspinals. There was positive Spurling's on the right. There was decreased sensation at 4 out of 5 on the right at C5, C6, C7 and C8, but normal on the left. The Neer's and Hawkin's signs were positive for impingement. The treatment plan included a retrospective prescription for Ambien and Ultram (Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ambien (Zolpidem Tartrate) 5mg #60: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. The guidelines further state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is a lack of discussion indicating what behavioral treatments have been attempted for the condition of insomnia, and response to non-pharmacologic measures. There is no indication that Ambien is being used for short term use as recommended by guidelines as the patient has been taking ambien since 6/2014. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Retrospective Ultram (Tramadol) 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is reducing the patient's pain from 8 out of 10 to 4 out of 10, and aiding with her activities of daily living. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. A urine drug screen on 2/26/2015 showed the patient is not consistent in taking Tramadol. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol, is not medically necessary.