

<b>Case Number:</b>	CM14-0129753		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who has submitted a claim for depressive disorder, carpal tunnel syndrome, right knee chondromalacia patellae, cervical sprain, lumbar sprain, status post left knee total knee arthroplasty, and status post right knee surgery associated with an industrial injury date of 9/6/2001. Medical records from 12/25/2013 up to 7/8/2014 were reviewed showing aching pain in her low back rated 7-8/10 in severity. She also complained of aching pain in both knees 7/10 in severity. She also noted aching pain in her upper back and right shoulder rated at 5-6/10, along with aching pain in both wrists and hands rated at 6/10. She is currently not working. Physical examination revealed an antalgic gait, tenderness over the thoracolumbar spine to the buttocks, decreased lumbar ROM, positive pelvic stress testing, and right sided straight leg raises. There was slight motor weakness in the bilateral lower extremities and decreased sensation over the bilateral L5 and S1 dermatomes. Evaluation of bilateral knees revealed tenderness over the medial and lateral joint lines, swelling, effusion, and decreased ROM. Treatment to date has included Norco, Tramadol, Tizanidine, Gabapentin, Temazepam, physical therapy, aquatic therapy, and psychotherapy, steroid injection to the knee, surgeries, and acupuncture. Utilization review from 8/6/2014 denied the request for Ultram 50mg #90 with 3 refills and modified the request for Restoril 30mg #30 with 3 refills to 1 prescription 30mg #18.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90 with 3 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. The use of opioids for chronic pain is only recommended for short-term pain relief. In this case, the patient has been taking Ultram since at least 5/2012. Her pain level has remained unchanged. She is still not currently working and there was no objective evidence of functional improvement. Tapering was initially recommended in 12/16/2013, therefore, the patient should have discontinued this medication had the recommended tapering schedule been followed. In addition, there was no recent urine drug screening available for review to monitor aberrant behavior as this patient is also suffering from depression. Therefore, the request for Ultram 50mg #90 with 3 refills is not medically necessary.

**Restoril 30mg #30 with 3 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been taking Restoril since 3/2014. Progress report dated 5/20/2014, noted that the patient has severe sleep disturbance. More recent reports did not show evidence of insomnia. Furthermore, most guidelines limit the use of benzodiazepines to only 4 weeks due to dependence and unproven efficacy. The patient is currently over the recommended number of weeks. Therefore, the request for Restoril 30mg #30 with 3 refills is not medically necessary.