

Case Number:	CM14-0140042		
Date Assigned:	09/08/2014	Date of Injury:	03/03/1995
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine 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 injured worker is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain, chronic back pain, chronic hip pain, depression, and posttraumatic headaches reportedly associated with an industrial injury of March 3, 1995. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to from various providers and various specialties; TENS unit, opioid therapy; and sleep aids. In a Utilization Review Report dated August 25, 2014, the claim administrator failed to approve request for Ambien and Tramadol. The injured worker's attorney subsequently appealed. The claims administrator seemingly based its denial on a request for authorization form dated June 18, 2014. The injured worker's attorney subsequently appealed. In a June 18, 2014, progress note, the injured worker reported multifocal complaints of low back, hip, and leg pain. The note was very difficult to follow, mingled old complaints with current complaints. The injured worker was reportedly using Norco, Neurontin, Tramadol, Ativan, Ambien, Lidoderm, Carbidopa-levodopa, Haldol, Remeron, Robaxin, and Pramipexole. A 6-7/10 pain was noted with medications versus 10/10 noted without medications. The injured worker was described as "married, retired and disabled." The injured worker last worked in 2004, it was stated. The injured worker exhibited facial tremors on exam. The injured worker was described as off of work, on total temporary disability. A scooter was endorsed for mobility purposes and multiple medications were renewed, including Neurontin, Ambien, and Tramadol. It was stated that injured worker needed help in terms of self-care. The injured worker was described as having difficulty performing activities such as bending, reaching, squatting, climbing ladders, and riding. In an earlier note dated March 20, 2014, the injured worker was again described as off of work. It was stated that the injured worker was using Lidoderm, Tramadol, Norco and Relafen on an industrial basis and many other medications on a

nonindustrial basis. A scooter was again sought for mobility purposes. A 6-7/10 with medications versus 7/10 without medications was noted. Ambien was on the injured worker's medication list at this point in time, it was further noted. In a Utilization Review Report dated August 25, 2014, the claim administrator failed to approve request for Ambien and tramadol. The applicant's attorney subsequently appealed. The claims administrator seemingly based its denial on a request for authorization form dated June 18, 2014. The applicant's attorney subsequently appealed. In a June 18, 2014, progress note, the applicant reported multifocal complaints of low back, hip, and leg pain. The note was very difficult to follow, mingled old complaints with current complaints. The applicant was reportedly using Norco, Neurontin, tramadol, Ativan, Ambien, Lidoderm, carbidopa-levodopa, Haldol, Remeron, Robaxin, and pramipexole. A 6-7/10 pain was noted with medications versus 10/10 noted without medications. The applicant was described as "married, retired and disabled." The applicant last worked in 2004, it was stated. The applicant exhibited facial tremors on exam. The applicant was described as off of work, on total temporary disability. A scooter was endorsed for mobility purposes and multiple medications were renewed, including Neurontin, Ambien, and tramadol. It was stated that applicant needed help in terms of self care. The applicant was described as having difficulty performing activities such as bending, reaching, squatting, climbing ladders, and riding. In an earlier note dated March 20, 2014, the applicant was again described as off of work. It was stated that the applicant was using Lidoderm, tramadol, Norco and Relafen on an industrial basis and many other medications on a nonindustrial basis. A scooter was again sought for mobility purposes. A 6-7/10 with medications versus 7/10 without medications was noted. Ambien was on the injured worker's medication list at this point in time, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Opioids, Ongoing Management Page(s): 80, 78.

Decision rationale: 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 reduced pain achieved as a result of same. In this case, however, the injured worker is off of work. While the attending provider has suggested that the injured worker's pain complaints have dropped from 10/10 without medications to 6 to 7/10 with medications, the attending provider has failed to elaborate or identify any specific improvement in function achieved as a result of ongoing Ultram usage. The injured worker remains off of work. The injured worker is having difficulty performing activities of daily living as basic as standing, walking, ambulating, climbing ladders, writing, etc, despite ongoing Ultram usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be prescribed to improve pain and function. In this case, the attending provider has not outlined a compelling rationale for provision of two separate short-acting opioids, namely Ultram and Norco. Based on the medical reports reviewed and the guidelines, this request is not medically necessary.

Ambien 10mg #25 with 1 refill:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Ambien

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ambien Medication Guide.

Decision rationale: The MTUS does not specifically address the topic of Ambien usage. However, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same, and should, furthermore, furnish some evidence to support such usage. However, the Food and Drug Administration (FDA) notes that Ambien is indicated as a short-term treatment of insomnia for up to 35 days. Ambien is not, thus, indicated for the chronic, long-term, and scheduled use purpose for which it has seemingly been proposed here. The injured worker has seemingly been using Ambien for what appears to minimum of 6 to 9 months. This is not an FDA approved role for Ambien. Based on the medical records reviewed and the guidelines, this request is not medically necessary.