

<b>Case Number:</b>	CM14-0143502		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Family Practice 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:

This is a 72-year-old male with a 5/16/08 date of injury. He sustained injury to his shoulder during his course of employment as a machine operator. According to a progress report dated 8/1/14, the patient complained of bilateral shoulder and upper back pain rated 7/10. He complained of pain radiating to his neck and bilateral hands with numbness and tingling. Objective findings: tenderness to cervical spine and both shoulders and both elbows, guarded gait, weakness in both wrists. Diagnostic impression: arthropathy of shoulder, shoulder region disease. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/13/14 denied the requests for Tramadol and Ambien. Regarding Tramadol, there is no reporting of any increases in activities of daily living, improved function, decreases in work restrictions, and/or decreases in dependence on continued medical treatment that have arisen from the use of Tramadol. Regarding Ambien, the patient did not report any sleeping issues and was not diagnosed with a sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Tramadol 50mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for 1 Prescription of Tramadol 50mg #60 was not medically necessary.

**Ambien 5mg #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, MENTAL ILLNESS & STRESS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There is no documentation in the reports provided for review regarding how long the patient has been taking Ambien. In addition, there is no documentation that the patient has sleep problems or insomnia. There is no documentation that the provider has addressed non-pharmacologic approaches, such as proper sleep hygiene. Therefore, the request for Ambien 5mg #30 was not medically necessary.