

Case Number:	CM14-0145219		
Date Assigned:	09/12/2014	Date of Injury:	11/03/2007
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 48 year old female who reported an injury on 11/03/2007. The mechanism of injury occurred when she ran into a cabinet with her left shoulder. Her diagnosis was right trigger finger. Past treatments included physical therapy, left shoulder steroid injection, and medication. Diagnostic studies included an MRI of the left shoulder on 08/01/2014 which revealed small partial tear of the supraspinatus, undersurface fraying of the supraspinatus, small tear of the infraspinatus, and mild AC joint degenerative changes. The clinical note dated 07/08/2014 indicated the injured worker complained of left shoulder and neck pain, increased tightness and stiffness about the neck, muscle spasm about the neck that radiates into the shoulder, and increased frequency of dropping items. Physical examination revealed tenderness to palpation in the cervical paraspinal musculature, decreased range of motion in the cervical spine, and decreased range of motion and muscle strength of the left shoulder. Current medications included Ambien 10 mg. The treatment plan included tramadol and Ambien 10 mg #30 with 2 refills. The rationale for Ambien was to help with the injured worker's insomnia; the rationale for tramadol was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (unspecified dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); When to Continue Opioids.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. These domains have been summarized as the "4 A's" and 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 injured worker had been taking the requested medication since at least 03/31/2014. There is a lack of clinical documentation to indicate the efficacy of the requested medication including quantified pain relief and functional improvement, as well as any nonadherent drug related behaviors through the use of urine drug screens. Additionally, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request is not medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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) Pain, Zolpidem (Ambien)

Decision rationale: The Official Disability Guidelines indicate that Zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. It can be habit forming, and it may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The injured worker complained of neck and left shoulder pain. The physician noted that he prescribed Ambien because the injured worker was having difficulty sleeping because of the pain about her neck and shoulder. The guidelines indicate that Zolpidem is approved for the short term treatment of insomnia. The request with 2 refills, however, would not allow for the periodic reassessment to determine continued efficacy of the requested medication and would result in a duration beyond the guidelines recommendations. Additionally, the request, as submitted, failed to indicate a frequency of use. Therefore, the request is not medically necessary.