

Case Number:	CM14-0153838		
Date Assigned:	09/23/2014	Date of Injury:	02/29/2012
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/20/2014

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:

This patient sustained an injury on 2/29/12 while employed by [REDACTED]. Request(s) under consideration include Tramadol 150mg #180 and Ambien 10mg #90. Report of 8/7/14 from the provider noted the patient with persistent neck and right upper arm pain; Lidoderm patches have been authorized and were very helpful; the patient needs refills of his medications with pain decreased from 6-7/10 down to 4-5/10; working full time able to carry out ADL; no side effects or aberrant behaviors. Current medications list Ultracet; Ibuprofen; Ambien; and Lidoderm patches. Exam showed cervical paraspinals tenderness on right extending to right occipital protuberance and trapezius; ongoing tenderness over right ulnar nerve. Diagnoses include right-sided neck pain; MRI of cervical spine on 5/13/13 showed DDD at C4-7; small disc protrusion at C4-5/ right foraminal stenosis at C5-6 and C6-7; right upper extremity pain with right ulnar nerve transposition and exploratory right distal biceps tendon on 9/10/12; EMG of right upper extremity from 7/9/13 within normal limits. Plan included refill of medications Motrin, Tramadol, and Ambien for 3-month supply with pending authorization for acupuncture. The request(s) for Tramadol 150mg #180 and Ambien 10mg #90 were non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guideline, pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in significant pain relief, functional goals with demonstrated specific improvement in daily activities, or decreased in medical utilization. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, the patient continues with persistent significant pain symptoms for this chronic 2012 injury without attempt at tapering off opiate. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 150mg #180 is not medically necessary and appropriate.

Ambien 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic):
Zolpidem (Ambien®), pages 877-878

Decision rationale: According to the ODG, Zolpidem, a non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings, findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. There is no confirmed diagnosis of sleep disorders to support its use for this chronic 2012 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on Tramadol with stated functional improvement to hinder any sleep issues. Therefore, the request for Ambien 10mg #90 is not medically necessary and appropriate.