

Case Number:	CM14-0162891		
Date Assigned:	10/08/2014	Date of Injury:	12/05/2009
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Texas & Mississippi. 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 male who reported an injury on 12/05/2009 due to an unknown mechanism. The diagnoses were cervical discopathy, bilateral upper extremity overuse tendinopathy, lumbar sprain/strain syndrome, anxiety and depression, gastrointestinal disturbance, status post right carpal tunnel release, and left carpal tunnel syndrome. The physical examination on 08/29/2014 revealed complaints of neck and left hand/wrist pain. The injured worker had complaints of aching pain in the bilateral upper trapezius muscles. He complained of pain with numbness in the bilateral hands/wrists. He complained of pain in the bilateral knees. The injured worker was taking zolpidem and Xanax which were reported to have helped. It was also reported that the injured worker was attending physical therapy and was not presently working. The examination of the cervical spine revealed mild torticollis. Head compression sign was markedly positive. Spurling's maneuver was positive. There was spasm to the bilateral trapezius muscles. The examination of the bilateral hands and wrists revealed Phalen's and Tinel's were negative on the right. Tinel's and Phalen's signs were positive on the left. There was some diffuse tenderness to the upper extremities bilaterally. There was decreased sensation on the median nerve on the left side. The treatment plan was to await carpal tunnel release surgery and take medications as directed. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, one (1) tab po q8hrs #60, two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82,93,94,113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and they are not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 A's of ongoing monitoring for this medication were not reported. The efficacy of this medication was reported as helping to relieve the injured worker's pain. Functional improvements for the injured worker's activities of daily living were not reported. Based on the lack of documentation detailing a clear indication for the use of Tramadol 50 mg, this request is not medically necessary.

Xanax 1mg one (1) tab po qd #30, two (2) 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: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. There were no other significant factors provided to justify the continued use for Xanax 1 mg outside of current guidelines. Therefore, this request is not medically necessary.

Ambien 10mg one (1) tab po qhs #30 two (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, Pain Chapter, 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, Ambien

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is in the same class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide

short term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. The efficacy of this medication was not reported. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.