

Case Number:	CM14-0085774		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2004
Decision Date:	10/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/09/2014

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 American Board of 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:

58-years old male claimant sustained a work injury on 3/25/04 involving the lower extremities. He had undergone bilateral knee replacements and had pain when the weather was getting cold. He had been on Dilaudid for pain since at least January 2014. He had been an Ambien since at least November 2013 for insomnia. A progress note on 4/22/14 indicated the claimant had worsening bilateral knee pain. Examination of the knee was unremarkable except for medial joint line tenderness. The treating physician requested continuation of the Dilaudid along with Ambien for insomnia and Tramadol 50 mg BID for inflammation and pain. He had been on Tramadol for pain before which he was taking Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg (90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Dilaudid is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Dilaudid for several months with continued pain. There was no indication for failure of Tylenol. The continued use of Dilaudid is not medically necessary.

Tramadol 50mg (60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs). It is not recommended as a first-line therapy for osteoarthritis. The claimant continued to have pain despite adding Tramadol one month prior. There was no documentation of Tylenol failure. There is limited evidence of its use for knee pain. The continued use of Tramadol is 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-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) Insomnia

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The claimant had been on Ambien for over 8 months. The etiology of the insomnia is not outlined nor the current response to Ambien. The continued use of Ambien is not medically necessary.