

<b>Case Number:</b>	CM14-0091560		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/17/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 72-year-old male who reported an injury on 04/17/1999. The mechanism of injury was not provided for clinical review. The diagnoses include critical lumbar spinal stenosis and Parkinson's disease. The previous treatments included medication. Within the clinical note dated 01/27/2014, it was reported that the injured worker returned for refills on his medication. The injured worker reported Ultram and Ambien were helpful for his pain. Upon physical examination, the provider noted the injured worker's lumbar range of motion was limited. His gait was quite limited with Parkinson's type gait. The injured worker had referred back pain with a positive straight leg raise. The provider requested Ultram and Ambien for pain. The Request for Authorization was submitted and dated on 05/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ultram 50mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Product Information, Ortho-McNeil 2003, Lexi-Comp 2008.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment. Therefore, Ultram 50mg #60 is not medically necessary.

**1 prescription of Ambien CR 12.5mg #60 with 5 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-Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem.

**Decision rationale:** The Official Disability Guidelines note zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which was approved for short-term (usually 2 to 6 weeks) treatment of insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations of 2 to 6 weeks. There is a lack of documentation indicating the injured worker is treated for insomnia. Therefore, Ambien CR 12.5mg #60 is not medically necessary.