

Case Number:	CM14-0100580		
Date Assigned:	07/30/2014	Date of Injury:	01/09/2003
Decision Date:	06/12/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 1/9/03. The diagnoses have included osteoarthritis of the lower leg, osteoarthritis of pelvic and thigh region, periprosthetic osteolysis and osteoarthritis of the hand. Treatment to date has included medications, bilateral knee surgeries, conservative care, arm brace, and home exercise program (HEP). Currently, as per the physician progress note dated 2/12/14, the injured worker complains of bilateral knee aching pain with right knee numbness, popping and clicking. He also complains of chronic right wrist aching in which he would always wear a brace while working and complains of weakness, numbness and tingling. The objective findings reveal that he is overweight and has an antalgic gait. The right knee has lateral grinding with limited flexion and extension. The left knee has limited flexion and extension and limited passive range of motion. The right knee reveals ligamentous instability lateral with valgus stress grade II and medial with valgus stress at 20-30 degrees grade 2, laxity, grinding and AP solid. The current medications included Tramadol, Ultram and Zolpidem. There was no recent diagnostics or urine drug screen reports noted in the records. The physician requested treatments included Tramadol ER 200mg, #90 and Zolpidem 10mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of TRAMADOL ER 200 mg #90 is not medically necessary.

Zolpidem 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 (ODG), Pain, (Chronic), Mental chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Zolpidem is not recommended for long-term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics

(Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. There is no documentation that the patient is actually suffering from sleep problem. In addition, Ambien is not recommended for long-term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Zolpidem 10mg, #90 is not medically necessary.