

Case Number:	CM14-0119200		
Date Assigned:	08/06/2014	Date of Injury:	08/07/2011
Decision Date:	01/28/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia. 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:

According to the records made available for review the injured worker is a 50 year-old male with a date of injury of 08/07/2011. The result of the injury includes chronic low back pain. Diagnoses include; L4-L5 and L5-S1 bilateral lumbar radiculopathy; lumbar disc herniation at L4-L5; status post L4-L5 and L5-S1 arthodesis with pedicle screw fixation and cages; and status post spinal arthrodesis with instrumented fusion with possible pseudoarthrosis and possible hardware pain. Diagnostic studies were not available for this review. Treatments have included lumbar epidural steroid injections, physical therapy sessions, acupuncture treatments, and surgical intervention. Medications have included Diclofenec XR, hydrocodone, Tramadol ER, Zolpidem, and a topical compounded cream. A progress note from the treating physician, dated 05/30/2014, reports the following subjective data from the injured worker: aching pain in the back, rated 6-7/10 on the pain scale; stabbing pain in both legs; and improvement of pain with the use of pain medications and attending acupuncture therapy. Objective data in this progress note include tenderness in the paraspinous musculature of the lumbar region and midline tenderness in the lumbar region. As well, range of motion of the lumbar spine is listed as: flexion: 20 degrees, extension: 15 degrees, rotation right: 15 degrees, and rotation left: 10 degrees. Work status of the injured worker remains temporarily totally disabled. The plan of treatment is listed to include a self-directed exercise program, medications for symptomatic relief, and orthopedic re-evaluation within six weeks. Request is being made for Tramadol 150 mg #60 and for Zolpidem 10 mg #30. On 07/01/2014, Utilization Review non-certified a prescription for Tramadol 150 mg #60 and for Zolpidem 10 mg #30. Utilization Review non-certified a prescription for Tramadol 150 mg #60 based on the medication not being medically warranted, this because the first line medication has clearly not failed. Utilization Review cited the California Chronic Pain Medical Treatment Guidelines (2009): Opioids for chronic pain.

Utilization Review non-certified a prescription for Zolpidem 10 mg #30 based on the medication not being medically warranted, this because recent documentation had not included sleep difficulties, and long-term use of the medication is rarely recommended. Utilization Review cited the Official Disability Guidelines, Pain (Chronic): Insomnia treatment. Application for independent medical review was made on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: 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 Opioids, Tramadol, Ultram Page(s): 74-96, 113, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for Acute Pain (Analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the individual has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. Therefore, Tramadol ER 150mg #60 is deemed not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines; Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS is silent regarding this topic. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the individual's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform

relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Medical documentation does not include a diagnosis of a sleep disorder or sleeping difficulties. It is charted that the individual only requires the use of Zolpidem periodically, so as stated this is not a consistent issue that would require medical intervention. As such, the request for Ambien 10mg #30 is deemed not medically necessary at this time.