

Case Number:	CM15-0017879		
Date Assigned:	02/05/2015	Date of Injury:	09/11/2007
Decision Date:	04/14/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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(IW) is a 71 year old female who sustained an industrial injury on 09/01/2007 when she fell down four steps and was injured all over the right side of her body. She has reported pain in the right shoulder, right foot, right knee, right hip, right hand, and psychological issues. Diagnoses include acute severe sprain, tendinitis right ankle, foot, and contusion sprain of right shoulder, wrist, knee, hip and osteoarthritis, pain in right knee, rule out right shoulder and nerve component, depression and dementia. Treatment to date includes medication, testing, and psychiatric care. A progress note from the treating provider dated 11/18/2014 indicates the IW walks with a cane, and has persistent low back pain. At the time of the November examination, the IW had complaints of back pain and right knee and ankle pain. She also had swelling of the right ankle that was ruled out for fracture masses or cysts by a MRI done 07/24/2014. On 01/05/2015 Utilization Review modified a request for Ambien 10mg QHS Quantity: 30 with 2 Refills, to Ambien 10mg #20 without refills noting that the medication is approved for short term treatment of insomnia. The IW is continuing of Ambien (a hypnotic medication) without notation of functional improvement. The decreased amount of medication is approved to assist in safely weaning this patient off all hypnotics. The Official Disability Guidelines (ODG), Pain- Zolpidem (Ambien) were cited. On 01/05/2015 Utilization Review non-certified a request for Narcotic Tramadol 50mg; QID Quantity: 120 with 2 Refills to Tramadol 50mg #90 without refills noting the IW has used this medication for seven years with no documentation of overall reduction of medical treatment or any other functional improvement related to the use of Tramadol. The approval is modified to allow for weaning of the medication.

The MTUS Chronic Pain, Opioids guidelines were cited. On 01/05/2015 Utilization Review non-certified a request for Valium 10mg; BID Quantity: 60 with 2 Refills, to Valium 10mg #30 without refills noting that benzodiazepines are "not recommended for long term use because long-term efficacy is unproven and there is a risk of dependence. The IW has used Valium (a potent benzodiazepine) for 7 years. The request is modified to allow for weaning of the medication. The MTUS Chronic Pain, Benzodiazepines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg; BID Quantity: 60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: The California MTUS guidelines do not recommend chronic usage of benzodiazepines such as Valium for reasons of rapid development of tolerance and dependence. Guidelines recommend limiting usage to four weeks. The attached medical record indicates that this medication has been prescribed for seven years time. As such, this request is not certified.

Narcotic Tramadol 50mg; QID Quantity: 120 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids, "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 nonadherent) drug related behaviors. These domains have been summarized as the, '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of tramadol 50 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out

aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue.

Ambien 10mg QHS Quantity: 30 with 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 (ODG), Pain-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, Zolpidem, Updated April 1, 2015.

Decision rationale: The official disability guidelines does not recommend long-term usage of zolpidem as this medication can be habit-forming and actually impair function and memory as well as increased pain and depression over the long-term. Treatment is recommended for up to 10 days time. The attached medical record indicates that this medication has been prescribed for an extended period and this is a request for another 30 tablets with two refills. Considering this, this request for Ambien is not medically necessary.