

<b>Case Number:</b>	CM15-0113671		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 09/10/2002. The injured worker was note to be on a makeshift ladder and the ladder collapses and he fell, hitting concrete resulting in a scalp laceration and abrasion over his legs and forearm, he was noted to have been treated for his back. On provider visit dated 05/19/2015 the injured worker has reported pain in upper back, lower back and left knee. On examination there was tenderness noted in the thoracic and lumbar parspinal muscles. He was noted to have increased spasm with range of motion. Range of motion was noted as decreased, sensation was noted as decreased as will at about the L5 and L4 dermatomes bilaterally. Left knee was noted to have tenderness about the joint line. The diagnoses have included chronic pain, insomnia, lumbar stenosis and multilevel discogenic pain, status post bilateral total knee arthroplasty. Treatment to date has included injections, physical therapy and medication. The provider requested Tramadol for pain and Ambien for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, On-Going Management, When to.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term assessment Page(s): 88.

**Decision rationale:** Tramadol is a synthetic opioid indicated for use in cases of moderate to severe pain. It is recommended for short-term use. If long-term use is necessary, ongoing documentation of functional improvement and pain relief is necessary. In this case, the patient is being prescribed Tramadol for long-term use and there are no documented changes in pain relief or functional improvement. Therefore the request is deemed not medically necessary.

**Ambien 10mg #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, 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 chapter.

**Decision rationale:** MTUS Guidelines do not specifically address Ambien. ODG states that Ambien is indicated for short-term use only (2-6 weeks). In this case, the claimant has been prescribed Ambien for approximately 3 years, which is far beyond the recommendation. Long-term use of Ambien is associated with memory loss. The patient should be reassessed to determine if the cause of his insomnia is chronic pain and/or depression, and if so treated for these specific conditions of which insomnia may be a symptom. The request for Ambien is not medically necessary.