

<b>Case Number:</b>	CM15-0127943		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 58-year-old male, who sustained an industrial injury on 12/1/04. The injured worker was diagnosed as having a component of complex regional pain syndrome of the left lower extremity and posttraumatic degenerative disease of the left ankle. Treatment to date has included the use of ankle braces and medication. The injured worker had been taking Tramadol and Ambien since at least 3/28/14. Currently, the injured worker complains of left foot pain and left ankle pain. The treating physician requested authorization for Tramadol 50mg and Ambien 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg (Unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg unspecified quantity is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post open reduction internal fixation comminuted distal tibial pilon fracture/distal fibula fracture; complement of complex regional pain syndrome left lower extremity; and post-traumatic degenerative disease left ankle. Date of injury is December 1, 2004. Request authorization is dated June 16, 2015. The earliest progress note in the medical record is dated March 28, 2014. The documentation includes prescriptions for tramadol 50 mg and Ambien 10 mg. The urine drug screen was performed June 20, 2014 that was negative for all medications. According to a June 9, 2015 progress note, there were no subjective complaints in the medical record. The injured worker was awaiting an ankle brace. Objectively, the ankle was guarded. There were no other objective clinical findings on physical examination. According to the utilization review certification #1030000, tramadol started on March 26, 2013. There was a recommendation to wean tramadol 50 mg. Weaning was never initiated. There is no documentation demonstrating objective functional improvement. There are no risk assessments or detailed pain assessment. Based on final information in the medical record, the peer-reviewed evidence-based guidelines and failure to wean tramadol, tramadol 50 mg unspecified quantity is not medically necessary.

**Ambien 10mg (Unspecified Quantity):** 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, 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 section, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg unspecified quantity is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are status post open reduction internal fixation comminuted distal tibial pilon fracture/distal fibula fracture;

complement of complex regional pain syndrome left lower extremity; and post-traumatic degenerative disease left ankle. Date of injury is December 1, 2004. Request authorization is dated June 16, 2015. The earliest progress note in the medical record is dated March 28, 2014. The documentation includes prescriptions for tramadol 50 mg and Ambien 10 mg. The urine drug screen was performed June 20, 2014 that was negative for all medications. According to a June 9, 2015 progress note, there were no subjective complaints in the medical record. The injured worker was awaiting an ankle brace. Objectively, the ankle was guarded. There were no other objective clinical findings on physical examination. According to the utilization review, Ambien was started in 2012. In 2014 utilization review provider recommended weaning Ambien. Weaning has not been initiated. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. Treatment with Ambien has been continued in excess of 12 months. The exact start date is not specified. There is no documentation demonstrating objective functional improvement. There is been no attempt at weaning. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, a failure to wean Ambien and treatment continued well in excess of the recommended guidelines for short-term (7 to 10 days), Ambien 10 mg unspecified quantity is not medically necessary.