

Case Number:	CM15-0147471		
Date Assigned:	09/18/2015	Date of Injury:	12/20/2006
Decision Date:	10/20/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/29/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male, with a reported date of injury of 12-20-2006. The diagnoses include persistent insomnia, cervical disc degeneration, lumbar disc displacement, neuralgia neuritis and radiculitis, and chronic back pain. Treatments and evaluation to date have included Hydrocodone-acetaminophen (since at least 01-07-2015), Lyrica, Tramadol (since at least 01-07-2015), Zolpidem (since at least 01-07-2015), cervical epidural steroid injections, lumbar epidural steroid injections, and transforaminal epidural steroid injection in the bilateral lumbar spine. The diagnostic studies to date have not been included in the medical records. The medical report dated 06-29-2015 the injured worker's chief complaint was neck and low back pain and lower extremity neuropathy. His pain level (03-31-2015 to 06-29-2015) was rated 5 out of 10 with medications and 10 out of 10 without medications. His self-care with medications was rated 5 out of 10, and 9 out of 10 without medications. The injured worker's sleep with medications was rated 6 out of 10 and 10 out of 10 without medications. On 03-31-2015, the injured worker's self-care with medications was rated 1 out of 10, and 8 out of 10 without medications. At that time his sleep quality was rated 4 out of 10 with medications and 10 out of 10 without medications. The physical examination (03-31-2015 to 06-29-2015) showed decreased cervical spine range of motion, an antalgic gait, pain and difficulty with transfers from sitting to standing, bilateral trapezius tenderness, and decreased lumbar range of motion for flexion and extension. It was noted that the injured worker had a signed opiate agreement on the chart. The treating physician stated, "Urine toxicology screens have been appropriate". It was also noted that the injured worker has been evaluated each visit by the treating physician to make

sure that the treatment plan was appropriate and that there are no problems or difficulties with the treatment plan and that there were no red flags for possible medication misuse or aberrant behavior. The treating physician requested Tramadol 300mg #30 with two refills, Hydrocodone-Acetaminophen 10-325mg #60, and Zolpidem 12.5mg #30 with two refills. On 07-09-2015, Utilization Review (UR) modified the request for Tramadol 300mg #30 with two refills to Tramadol 300mg #30 with one refill, and non-certified the request for Hydrocodone-Acetaminophen 10-325mg #60 and Zolpidem 12.5mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 300 MG ER Multiphase 24 Hour Sig 1 #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version): Opioids, criteria for use and Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates request for Tramadol was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 300 MG ER Multiphase 24 Hour Sig 1 #30 with 2 Refills is not medically necessary and appropriate.

Hydrocodone-Acetaminophen 10-325mg Sig: 1 po twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version): Opioids, criteria for use and Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone-Acetaminophen 10-325mg Sig: 1 po twice a day #60 is not medically necessary and appropriate.

Zolpidem 12.5 ER Multiphase Sig: 1/2-1 po qhs prn #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 Chapter (online version), Zolpidem (Ambien) and 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 (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2006 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Zolpidem 12.5 ER Multiphase Sig: 1/2-1 po qhs prn #30 with 2 refills is not medically necessary and appropriate.

