MAXIMUS Federal Services

Case Number:	CM15-0171606		
Date Assigned:	09/11/2015	Date of Injury:	06/13/2011
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 58 year old female with a date of injury on 6-13-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical sprain-strain, cervical disc bulge at C3, lumbar sprain-strain, right wrist stenosing tenosynovitis, right sided cervical radiculitis by electromyography (EMG) and bilateral carpal tunnel syndrome. Medical records (4-17-2015 to 7-28-2015) indicate ongoing neck pain rated at seven to eight out of ten. The injured worker also complained of frequent right shoulder, right wrist and hand pain rated seven to eight out of ten. The neck pain radiated into the right upper extremity. She complained of low back pain rated eight out of ten. The injured worker reported that Tramadol helped her pain from 7 to 8 down to 3 to 4 out of 10. She was taking Ambien to help her sleep. Per the treating physician (7-28-2015), the employee was temporarily totally disabled. The physical exam (4-17-2015 to 7-28-2015) reveals slight loss of range of motion of the cervical spine. Cervical compression test was positive. There was slight decreased range of motion of the right wrist. Phalen's and Tinel's tests were positive. Exam of the right shoulder revealed worsening, decreased range of motion. Treatment has included medications (Ambien and Ultram since at least 2-17-2015). A urine drug screen collected 7-28-2015 documented prescribed Tramadol Metabolite "None Detected." The original Utilization Review (UR) (8-25-2015) denied requests for Ambien and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (Zolpidem Tartrate) 10mg tab 1 tab before bed #30: 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 (Chronic), Zolpidem (Ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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." This appears to be the first prescription for this medication. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

Ultram (Tramadol 50mg) 1-2 tabs by mouth every 6-8 hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 non-adherent) 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 Ultram 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. A UDS collected 7/28/15

documented prescribed Tramadol metabolite "none detected". As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.