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| Case Number: | CM15-0049090 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 01/31/2011 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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 66-year-old male who reported an injury on 01/31/2011. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy, decompression therapy, TENS unit, epidural steroid injection, and facet injection. The injured worker was noted to undergo urine drug screens. The most recent documentation was dated 02/20/2014. The documentation indicated the injured worker was to utilize Protonix 20 mg, Fexmid 7.5 mg, naproxen 550 mg, Norco 10/325 mg #60, and flurbiprofen 20%, gabapentin 20%, and undergo a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 prescriptions of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The injured worker was being monitored for aberrant drug behavior. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation the injured worker was being monitored for side effects. There was a lack of documentation indicating a necessity for 3 prescriptions of tramadol 50 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 3 prescriptions of tramadol 50 mg #60 is not medically necessary.

2 prescriptions of Ambien 5mg #60: 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 (Chronic), 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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of insomnia. There should be documentation of efficacy of the requested medication. It is not recommended for longer than 10 days. The clinical documentation submitted for review failed to provide efficacy for the requested medication. There was a lack of documentation indicating a necessity for 2 prescriptions of Ambien. Additionally, the request as submitted failed to indicate the frequency for the requested medication. This medication was concurrently being reviewed for the medication Zolpidem, which is the same medication. There was a lack of documented rationale for the use of both the name brand and the generic medication. Given the above, the request for 2 prescriptions of Ambien 5 mg #60 is not medically necessary.

1 prescription of Zolpidem 5mg #60: 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 (Chronic) 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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of insomnia. There should be documentation of efficacy of the requested medication. It is not recommended for longer than 10 days. The clinical

documentation submitted for review failed to provide efficacy for the requested medication. This medication was concurrently being reviewed for the medication Ambien, which is the same medication. There was a lack of documented rationale for the use of both the name brand and the generic medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of zolpidem 5 mg #60 is not medically necessary.

Therapeutic drug monitoring test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review did not indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for therapeutic drug monitoring test is not medically necessary.