

<b>Case Number:</b>	CM15-0062142		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old female who sustained an industrial injury on 4/4/11. The injured worker reported symptoms in the bilateral upper and lower extremities. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, chronic pain syndrome and brachial neuritis. Treatments to date have included oral pain medication, home exercise program, and topical patches. Currently, the injured worker complains of numbness and tingling in the bilateral upper and lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg #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 procedure summary, Mosby's drug consult, Zolpidem tartrate (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

**Decision rationale:** Zolpidem (Ambien) is used for the short-term treatment of insomnia who have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.

**Diphenhydramine, sleep aid 25 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Hand of medical psychiatry pp 230, 480.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem.

**Decision rationale:** Diphenhydramine is being used in this injured worker for insomnia. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for diphenhydramine.

**Tramadol 50 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

**Decision rationale:** Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.