

<b>Case Number:</b>	CM15-0078571		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 52-year-old female sustained an industrial injury to the shoulders and left arm on 3/30/12. Previous treatment included magnetic resonance imaging, electromyography, right carpal tunnel release, injections, occupational therapy, bracing and medications. The injured worker underwent right carpal tunnel re-exploration on 3/4/15. In the operative report, the physician noted that the injured worker had developed severe contracture of the fingers after right carpal tunnel release, causing inability to extend all the fingers and recurrence of pressure being applied to the median nerve in the wrist and hand. In a progress note dated 3/17/15, the injured worker complained of pain 6-7/10 on the visual analog scale. The injured worker was wearing a right wrist brace. The remaining documentation was difficult to decipher. Current diagnoses included carpal tunnel syndrome, upper extremity radiculopathy and lumbar spine sprain/strain. The treatment plan included a pain management consultation and medications (Tramadol, Colace and Ambien).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg, #60:** 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 Opioids, Tramadol Page(s): 74-96, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Tramadol is classified as a central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, Tramadol is not recommended as a first-line oral analgesic. ODG states that Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of hydrocodone/ acetaminophen. According to MTUS guidelines, opioids in general are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has undergone surgery on 3/4/2015, and is in the post-operative phase. The patient appears to have been on this medication prior to surgery. However, there is very little mention of the medication in the available post-surgical documentation. A PR-2 contains an authorization request but minimal indication other than pain. Another progress note dated 4/16/2015 indicates that treatment has been discontinued but does not mention which medications. Given that the patient is post-surgical, short-term opioid therapy may be appropriate, but it is not supported by the medical documentation provided and the patient is now several weeks past intervention. There is also no mention of improved pain on the medication, appropriate medication use, and side effects. It also appears that the intent is to provide this medication for an extended period of time, which is not recommended. Therefore, the request for Tramadol 150mg #60 is not medically necessary at this time.

**Colace 100mg, #60:** 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 Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** Colace is the brand name for Docusate, which is a stool softener. MTUS states that opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration, and proper diet with sufficient fiber. ODG also states that some laxatives may help to stimulate gastric motility and over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. This patient has another active treatment

request for Tramadol, but it is unclear if the patient has started this therapy. According to the medical documentation, there is no mention of trial or failure of non-medication treatments. There is no mention of bowel difficulty outside of this indication. The request for opioids was determined to not be medically necessary, so prophylactic treatment for constipation would not be necessary. Therefore, the request for Colace 100mg, #60 is not medically necessary at this time.

**Ambien 20mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com](http://www.odg-twc.com); Section Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, Insomnia treatment.

**Decision rationale:** Ambien (Zolpidem) is a short acting, non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. MTUS does not provide recommendations on use of this medication. ODG recommends teaching and practicing proper sleep hygiene prior to initiation of medication and diagnosis of the specific component of insomnia to be addressed, prior to initiation of sleep medication. The request or justification for Ambien only appears briefly in the available documentation as an authorization request, but there is no subjective report or detailing of any current sleep difficulty. There is no indication of discussion of sleep hygiene, diagnosis of the sleep component at issue, response to prior first-line therapies, or the need for sleep medication. There does no alternative indication for this therapy. Therefore, the request for Ambien 20mg #30 is not medically necessary.