

Case Number:	CM15-0096390		
Date Assigned:	05/26/2015	Date of Injury:	01/29/1999
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, New York, California
 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:

The applicant is a represented 54-year-old who has filed a claim for chronic shoulder, low back, knee, and neck pain reportedly associated with an industrial injury of January 29, 1999. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve requests for refills of tramadol, tramadol extended release, and Ambien. In a medical-legal evaluation dated January 6, 2005, the applicant reported multifocal complaints of neck, knee, and wrist pain. The applicant was on trazodone and had reportedly discontinued OxyContin, it was reported. The applicant was described as working on his own doing sub-contracted work as a private investigator after having been laid off by his former employer, it was reported on that date. In a progress note dated April 13, 2015, the applicant reported ongoing complaints of shoulder, mid back, and low back pain. Tramadol, tramadol extended release, and Ambien were refilled. The attending provider stated that the applicant was able to do housework and basic home maintenance with some help, prepare meals, go shopping, and transport himself. 5/10 pain with medications versus 9/10 pain without medications was reported. The note was highly templated, it was incidentally noted. Multiple medications were refilled. Toward the bottom of the report, it was stated that the applicant's pain had flared up. Chiropractic manipulative therapy and acupuncture were sought. The applicant's work status was not detailed. Tramadol, tramadol extended release, and Ambien were refilled while the applicant was asked to continue Lyrica, Flexeril, and Mobic. Multiple other progress notes of January 16, 2015, March 15, 2015, and December 29, 2015 also reported, in a somewhat templated manner, that the applicant's ability to

sit, stand, walk, perform household chores had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Tramadol 50mg (unidentified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the admittedly limited and dated progress notes on file seemingly suggested that the applicant had apparently returned to some form of work as a private investigator. The attending provider and/or medical-legal evaluator suggested that the applicant's ability to sit, stand, and perform household chores had been ameliorated as a result of ongoing medication consumption and further outlined a reduction in pain scores from 9/10 without medications to 5/10 with medications. Continuing tramadol, thus, on balance, was indicated. Therefore, the request was medically necessary.

Refill Tramadol ER 100mg (unidentified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol extended release, a synthetic opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently returned to part-time work as a private investigator, it was suggested on an admittedly dated report above. The treating provider, furthermore, did report reduction in pain scores from 9/10 without medications to 5/10 with medications and further stated that ongoing usage of tramadol had ameliorated the applicant's ability to sit, stand, walk, and perform household chores. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Refill Ambien CR 12.5mg (unidentified quantity): 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), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration-INDICATIONS AND USAGE- Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Finally, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, to renew Ambien, in effect, amounted to treatment in excess of the FDA label. The attending provider failed to furnish a compelling rationale or medical evidence so as to support such usage. Therefore, the request was not medically necessary.