

Case Number:	CM14-0173281		
Date Assigned:	10/24/2014	Date of Injury:	06/14/2012
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year-old male, who sustained an injury on June 14, 2012. The mechanism of injury occurred when his wrist was caught in a machine break/gear. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are: left clavicle fracture, left C6 radiculopathy, insomnia. The stated purpose of the request for Ambien 5mg #30 was to provide treatment for insomnia. The request for Ambien 5mg #30 was approved on October 6, 2014, citing the medical necessity for a trial of this sleep aid. The stated purpose of the request for Tramadol 50mg #60 was to provide pain relief. The request for Tramadol 50mg #60 was modified for QTY # 10 on October 6, 2014, citing a lack of documentation of functional improvement. Per the report dated September 10, 2014, the treating physician noted complaints of left upper extremity pain and neck pain, as well as sleep difficulty and headaches. Exam findings included cervical paraspinal muscle tenderness, restricted cervical range of motion, with radiation pain with cervical compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications

Decision rationale: The requested Ambien 5mg #30, is not medically necessary. CA MTUS is silent. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications; note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has left upper extremity pain and neck pain, as well as sleep difficulty and headaches. The treating physician has documented cervical paraspinous muscle tenderness, restricted cervical range of motion, with radiation pain with cervical compression. The request for Ambien 5mg #30 was approved on October 6, 2014, citing the medical necessity for a trial of this sleep aid. However, the treating physician did not document results of sleep behavior modification attempts. The criteria noted above not having been met, Ambien 5mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Opioids for Chronic Pain, Tramadol Page(s): 78-80, 80-82, 113.

Decision rationale: The requested Tramadol 50mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left upper extremity pain and neck pain, as well as sleep difficulty and headaches. The treating physician has documented cervical paraspinous muscle tenderness, restricted cervical range of motion, with radiation pain with cervical compression. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.