

Case Number:	CM14-0031651		
Date Assigned:	06/20/2014	Date of Injury:	01/19/1995
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 61 year old male who reported an injury on 01/19/1995. Mechanism of injury is unknown. The injured worker complained of bilateral right worse than left sided neck pain. Rated his pain at 7/10 on a VAS scale. The injured worker described the pain as aching, stabbing with a burning sensation. He also stated that it radiated to the upper shoulder region. Physical examination revealed the injured workers range of motion of the cervical spine to be painful and limited to right sided rotation 30% of normal, left side rotation at 60% of normal, extension at 75% of normal, painful and limited. Flexion forward was full and painless. Palpation revealed tenderness over the cervical paraspinal musculature, upper and mid trapezius muscles. Manual muscle testing 5/5 bilateral upper extremities throughout the major muscle groups. Palpation also revealed tenderness over the facet joint line and over the spinous process in the mid and lower cervical segments. The injured worker has diagnoses of chronic neck pain, status post work release injury with DDD of the cervical spine at C5-6 and C6-7, cervical DDD worse at C4-5, C5-6 and C6-7 and status post RF and facet joint injections in the past with partial improvement. Medications to include Lunesta 3mg #30 and Tramadol 50mg #90. The treatment plan is for Lunesta 3MG, #30 with 2 refills and Tramadol 50MG, #90 with 2 refills. The rationale was not submitted for review. The request for authorization was submitted on 01/27/2014 by [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3MG, #30 with 2 refills: 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).

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

Decision rationale: The request for Lunesta 3MG, #30 with 2 refills is non-certified. The injured worker complained of bilateral right worse than left sided neck pain. Rated his pain at 7/10 on a VAS scale. The injured worker described the pain as aching, stabbing with a burning sensation. The ODG guidelines state that Lunesta is not recommended for long-term use, but recommended for short-term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. The injured worker has been taking Lunesta for an ongoing time of about 3-4 years. The injured worker stated in report dated 01-28-2014 that he was experiencing insomnia and waking multiple times per night. As Lunesta does not appear to be effective in managing the injured workers insomnia, the request for Lunesta 3MG, #30 with 2 refills is non-certified.

Tramadol 50MG, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list (Tramadol) Page(s): 78, 83, 93-94.

Decision rationale: The request for Tramadol 50MG, #90 with 2 refills is non-certified. The injured worker complained of bilateral right worse than left sided neck pain. Rated his pain at 7/10 on a VAS scale. The injured worker described the pain as aching, stabbing with a burning sensation. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Tramadol under study for long-term use as there are no long-term trials. There is therefore a lack of evidence to allow for a treatment recommendation. If used on a long-term basis, the criteria for use of opioids should be followed: The lowest possible dose should be prescribed to improve pain and function. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be

emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report lacked evidence of the above guidelines. There was no documentation as to how often and how much of the Tramadol the injured worker was taking. As it was noted that the injured worker had a pain rate of 7/10, it was not noted whether that was with or without the Tramadol. Guidelines also specify that urinalysis are to be done and there was nothing in report showing that the injured worker was compliant with MTUS guidelines. Furthermore, the request for Tramadol lacks an amount and frequency of prescription. As such, the request for Tramadol 50MG, #90 with 2 refills is non-certified.