

Case Number:	CM14-0040917		
Date Assigned:	06/27/2014	Date of Injury:	07/09/2010
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with a date of injury of 07/09/2010. The listed diagnoses per [REDACTED] are: 1. Osteoarthritis localized primarily lower leg. 2. Unspecified crystal arthropathy. 3. Pain in joint. According to progress report 03/06/2014, the patient continues to experience bilateral knee pain which is described as a stabbing pain. Patient was given a cortisone injection on 02/28/2014 which provided "good relief x1 day." The patient states the pain is "as intense as it was prior to injection." It was noted the patient is currently taking tramadol 50 mg and Lunesta 2 mg. This is a retrospective request for tramadol 50 mg and Lunesta 2 mg which were prescribed on 02/28/2014. Utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescribed: 2/28/14: Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment

Guidelines, Opioid use, pages 88-89.

Decision rationale: This patient continues to experience bilateral knee pain which is described as a stabbing pain. This is a retrospective request for tramadol 50 mg which was provided on 02/28/2014. Utilization review denied the request for tramadol stating there is no documentation of failure of first line over-the-counter analgesic/antiinflammatory medication. Review of report 02/28/2014 indicates the patient was prescribed tramadol 50 mg to be taken every 6 to 12 hours and was instructed to "use sparingly." The medical file provided for review includes reports from 09/17/2013 to 03/06/2014. It appears tramadol is a new prescription. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. The treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. Recommendation is for denial.

Retrospective prescribed: 2/28/14: Lunesta 2mg: Overturned

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 Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient continues to experience bilateral knee pain which is described as a stabbing pain. This is a retrospective request for Lunesta 2 mg which was prescribed on 02/28/2014. On 02/28/2014, treater recommended Lunesta 2 mg for patient's sleep complaints. Treater notes medication dispensed includes Lunesta 2 mg to be taken daily at bedtime when necessary for insomnia. Patient was directed to use sparingly and not to exceed 3 nights consecutively. Review of the medical file does not indicate the quantity being prescribed. ODG guidelines do support Lunesta based on studies up to 6 months of use. Given the patient's insomnia and chronic pain, trial of Lunesta appear indicated. Recommendation is for authorization.