

Case Number:	CM14-0074106		
Date Assigned:	08/08/2014	Date of Injury:	03/11/2010
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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, 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 61 year old male who reported an injury on 03/11/2010. The mechanism of injury was not specified. His diagnoses were noted as Lumbar degenerative disc disease, lumbar radiculitis, cervical degenerative disc disease, C7 radiculopathy. He used H-wave stimulation, and massage therapy. Surgical history was not provided. On 04/25/2014 he reported problems with insomnia and headaches. He reportedly had a flare up of his low back and neck pain. The injured worker reported pain without medication at 5-7/10 and with medication 4-5/10. The physical examination found a positive straight leg raise, sensation reduced in the left L5 dermatome, sensation reduced in the left C6 and C7. There was note of him going to Acupuncture, Bowen therapy, and had a home exercise program. It was reported he was taking Ibuprofen and Ompeprazole along with an old prescription of Diazepam that showed up on his 03/24/2014 toxicology report. He had history of taking Ambien and Lunesta but was switched to Desyrel. The physician requested an MRI of the cervical and lumbar spine to evaluate the etiology of his pain. The treatment plan was for Desyrel 50mg and Ultram ER 150mg. The rationale for request of Desyrel was not provided, but, the rationale for Ultram was so that it can "better control his pain". The request authorization was submitted on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desyrel 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the information submitted for review, the request for Desyrel 50mg is not medically necessary. As noted in the Official Disability Guidelines, Desyrel is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms. It has limited evidence to support its use for insomnia but may be an option for patients with depression. Furthermore, evidence for the off-label use of Desyrel for insomnia is weak. The injured worker reportedly had a flare up of low back and neck pain and was unable to do much of anything. He was noted to have history of insomnia and had previously tried Lunesta and Ambien but he continued with sleep disturbances. It's also reported that he had mild depression due to his chronic pain and lack of sleep. The 04/25/2014 note showed he was still having insomnia but denied depression. Furthermore, the patient has tried other medications for insomnia and according to the documentation, or lack thereof, he has not responded to any of the sleep aids. He continues to have sleep disturbances and documentation shows no significant improvement with Desyrel. In addition, the request fails to provide a frequency. As such, the request for Desyrel 50mg is not medically necessary.

Ultram ER 150mg: 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): 74.

Decision rationale: Based on the information submitted for review, the request for Ultram ER 150mg is not medically necessary. As per the Chronic Pain Medical Treatment Guidelines, Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. It is indicated for moderate to severe pain. Ongoing treatment should provide documentation of pain relief, functional status, appropriate medication use, and side effects. During the first 6 months of the medication trial, it is recommended the injured worker follow up every 2 weeks for the first 2-4 months. The injured worker's mechanism of injury was unknown, however, he complained of pain flare up in his lower back and neck. He was being treated with Ibuprofen and was started on Tramadol ER 150mg to "better control his pain". His pain was noted to be increasing so he was prescribed Tramadol ER 150mg, however, there is no documentation to show a follow up to see if he had gotten any relief with the medication to continue with it. Also, it is not known if he followed through with the recommended visits during his trial phase. There is insufficient clinical information provided to determine efficacy of medication during the trial period such as functional status, pain relief, and appropriate medication use. Furthermore, the request does not provide information regarding the frequency of the medication requested. As such, the request for Tramadol ER 150mg is not medically necessary.

