

<b>Case Number:</b>	CM14-0188061		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/08/2003
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 61-year-old female with a 7/8/03 date of injury. At the time (9/29/14) of request for authorization for Tramadol ER 200 mg 1 po # 30 and Lunesta 1 mg 1 po qhs # 30, there is documentation of subjective (significant shoulder pain, neck pain, lower back pain, hip pain, wrist pain with numbness of the left hand, dropping objects, and difficulty opening containers; and difficulty sleeping due to significant pain) and objective (not specified) findings, current diagnoses (left carpal tunnel syndrome, left cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc, and sprain/strain of shoulder and upper arm), and treatment to date (ongoing therapy with NSAIDs, Tramadol and Lunesta since at least 6/10/14). Regarding Tramadol ER 200 mg 1 po # 30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Lunesta 1 mg 1 po qhs # 30, there is no documentation of short-term use and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 200 mg 1 po # 30: 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): 74-80, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** Specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left carpal tunnel syndrome, left cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc, and sprain/strain of shoulder and upper arm. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Tramadol since at least 6/10/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 200 mg 1 po # 30 is not medically necessary.

**Lunesta 1 mg 1 po qhs # 30: Upheld**

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

**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, Eszopicolone (Lunesta); Insomnia treatment Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is not recommended for long-term use, but recommended for short-term use. Within the medical information available for review, there is documentation of diagnoses of left carpal tunnel syndrome, left cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc, and sprain/strain of shoulder and upper arm. In addition, there is documentation of insomnia due to pain. However, given documentation of ongoing treatment with Lunesta since at least 6/10/14, there is no documentation of short-term use. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 1 mg 1 po qhs # 30 is not medically necessary.