

Case Number:	CM14-0188121		
Date Assigned:	11/18/2014	Date of Injury:	05/28/2003
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 50 year old female patient who sustained an injury on 5/28/2003. She sustained the injury due to a slip and fall incident. The current diagnoses include residual left knee partial ACL tear, right knee tear, effusion and edema and arthritis versus connective tissue disorder versus osteonecrosis. Per the doctor's note dated 10/06/2014, she had complaints of right ankle pain, left knee gave out 3 weeks ago and she fell and hurt the right shoulder. The physical examination revealed right ankle- tenderness over the lateral malleolus and the anterior tibialis, swelling of the lateral Malleolus, decreased active range of motion; left knee- tenderness over the peri patellar medial joint line, lateral joint line and the patellar tendon, patellofemoral crepitus; right shoulder- tenderness over the acromioclavicular joint and bicep area and notable to perform active range of motion due to pain and guarding. Per the doctor's note dated 1/31/2013 medications list include Norco, Omeprazole, Tizanidine, Prednisone, folic acid and Methotrexate. The patient was prescribed ultram and lunesta on 10/6/14. She has undergone left knee surgery in 07/2002, right foot surgery in 11/2003 and 08/2010, left hand debridement in 02/2008, metatarsal nerve release to the right foot in 07/2011 and right ankle ligament repair in 12/2011. She has had lumbar MRI dated 11/9/2004 which revealed disc protrusion at L4-5; electrodiagnostic studies of the lower extremities which revealed no evidence of radiculopathy; an MRI of the lumbar spine in May 2006 which revealed spondylosis at multiple levels with disc bulging; lumbar MRI dated 1/22/2008 and 7/15/2009 which revealed disc bulge at L4-5 and L5-S1; left knee MRI dated 7/15/2009 which revealed post operative changes and chondromalacia. She has had physical therapy sessions for this injury. She has had urine drug testing on 3/18/14 which was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for ultram 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75 and 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the doctor's note dated 10/06/2014, she had right ankle pain, left knee gave out 3 weeks ago and she fell and hurt the right shoulder. She has history of multiple surgeries. Therefore there is evidence of conditions that cause chronic pain with episodic exacerbations. The request for 1 Prescription for ultram 50mg #180 is medically appropriate and necessary to use as prn during acute exacerbations.

1 Prescription for lunesta 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett drugs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 06/07/13) Insomnia treatment

Decision rationale: CA MTUS does not address this request. Eszopicolone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. Per the ODG guideline regarding insomnia treatment "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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A detailed history of insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for

stress related conditions is not specified in the records provided. The medical necessity of 1 Prescription for lunesta 2mg is not fully established in this patient.