

Case Number:	CM14-0195986		
Date Assigned:	12/03/2014	Date of Injury:	09/08/2011
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 underlying date of injury in this case is 09/08/2011. The date of the utilization review under appeal is 11/18/2014. On 10/23/2014, the patient was seen in primary orthopedic treating physician follow-up regarding low back pain with a history of lumbar disc disorder. The patient reported radiation of pain into the lower extremities. On exam the patient had palpable vertebral tenderness with spasm. Sensation and strength were normal. The treating physician noted the patient was benefitting from medication and taking them as directed and they were improving the patient's activities of daily living and making it possible for the patient to continue "working and/or maintain the activities of daily living." Authorization for a course of physical therapy was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These four A's of opioid management are not discussed in this case. Rather, the benefit of medications is discussed in generic terms but not clearly with specificity as recommended by the guidelines for a particular patient. The guidelines have not been met. This request is not medically necessary.

Eszopiclone (lunesta) 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Labeling/Lunesta

Decision rationale: This medication is not specifically discussed in the Medical Treatment Utilization Schedule. FDA-approved labeling indications discuss this medication's use for insomnia. The medical records do not discuss a diagnosis of insomnia or the rationale for this medication or its effectiveness. Therefore, overall the records do not support this request. This request is not medically necessary.